

Transport Factoring, Inc.

Application Form

Legal Name	
Trade Name or DBA name	
Phone Number	Fax Number
Alternate Phone or Cell Phone Number	Email Address

Current Physical Address

City	State	Zip Code	County
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Mailing Address

City	State	Zip Code	County
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Previous Physical Address (if at above address for less than 5 years)

City	State	Zip Code	County
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List complete name of any affiliate, subsidiary, holding or parent company.

Select type of business <input type="checkbox"/> Individual <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation 	Corporation Date	Corporation State
	Corporate Charter #	# of Employees

Federal Tax ID Number or Social Security #	Does company own real property? <input type="checkbox"/> YES <input type="checkbox"/> NO
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If doing business in more than one place, list additional address:

Street Address

City	State	Zip Code	County
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Street Address

City	State	Zip Code	County
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Street Address

City	State	Zip Code	County
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Street Address

City	State	Zip Code	County
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Transport Factoring, Inc.

Tax Information

Total Number of Employees	Employees that are Full Time	Employees that are Part Time
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How often do you file 941 Payroll Taxes?

Weekly Monthly Quarterly Yearly

Do you have any Federal or State Taxes past due?

YES NO

If YES, has a Federal or State tax lien been filed?

YES NO

If YES, please list type, quarter / year and amounts:

BANKING INFORMATION

Business Checking Bank Name	Account #	
Name of Bank Officer	Date Account Opened	
Phone Number	Fax Number	
Address		
City	State	Zip Code

Business Loan Account - Name of Institution	Account #	
Name of Loan Officer	Date Loan was established	
Amount of Loan	Collateral	
Phone Number	Fax Number	
Address		
City	State	Zip Code

Principals

Name of President, Sole Proprietor or Senior Partner			Title
Home Address			
City	State	Zip Code	County
Social Security Number	Date of Birth	Drivers License # and State	
Name of President, Sole Proprietor or Senior Partner			Title
Home Address			
City	State	Zip Code	County
Social Security Number	Date of Birth	Drivers License # and State	
Name of President, Sole Proprietor or Senior Partner			Title
Home Address			
City	State	Zip Code	County
Social Security Number	Date of Birth	Drivers License # and State	

Support Information

Insurance Agent	Firm Name		
Phone Number	Fax Number		
Address			
City	State	Zip Code	
Name of Accountant - if any	Firm Name		
Phone Number	Fax Number		
Address			
City	State	Zip Code	
Attorney Name - If any	Firm Name		
Phone Number	Fax Number		
Address			
City	State	Zip Code	

CREDIT INFORMATION

List All Creditors / Prinipal Suppliers - (Attach additional sheets if necessary)

Name	Type	Amount	Acct #	Contact	Phone

Are you presently leasing your business space? YES NO

If YES, period of present lease

Name of Landlord and/or Management Company

City	State	Zip Code	
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Phone Number	Fax Number	Monthly Rental Amount
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RECEIVABLE INFORMATION

What is the purpose of the funds to be generated from factoring??

Dollar Amount of receivables currently outstanding	Average Monthly Sales
Approximate number of customers	Terms of Sales
Amount you intend to factor on a monthly basis	Maximum anticipated factoring volume

GENERAL INFORMATION

Any litigation pending against you, your company or shareholders?

YES

NO

Any judgements outstanding?

YES

NO

Any Federal and/or State Tax liens? (Attach Copy)

YES

NO

Any UCC1 filings in any State?

YES

NO

If YES, with whom?

Contact

Phone Number

Fax Number

If you answered YES to any of the above questions, please explain fully below:

What is your FMCSA MC Number?

What is your USDOT Number?

What is your Texas Motor Carrier Number?

How many trucks do you operate?

Of the trucks that you operate, how many do you own?

How many do you lease?

Are you involved in an "Agency Agreement" with another carrier or broker?

YES

NO

If YES, with whom? (Provide copy of agreement)

What type of products do you typically haul?

Do you haul produce?

YES

NO

Do you haul hazardous materials?

YES

NO

If YES, what kind of hazardous materials?

Are you current on all fuel and mileage taxes?

YES

NO

If NO, list what is outstanding. Attach additional sheets if necessary.

I / We fully understand that the submission of an application for the purchase of Accounts Receivable by Transport Factoring, Inc. (hereinafter "Factor"), does not mean that factor will agree to factor or provide any services to Applicant whatsoever.

I / We further fully understand that approval by Factor may come only after Factor approves this Application and all accounts/invoices offered in accordance with the terms of the Accounts Receivable Purchase & Security Agreement.

The statements made herein and all information in all documents provided herewith are true and correct and Applicant understands that Factor intends to rely thereon in determining wheter to enter into a factor relationship.

Applicant hereby authorizes Factor or any of its employees to examine its books and records and to discuss the affairs, accounts and finances of the Applicant with Applicant's officers, employees.

Applicant hereby authorizes its suppliers, customers, accountants, creditors, attorneys, directors and employees to provide Factor any information about Applicant and its affairs, finances and accounts as Factor deems necessary to verify or investigate any or all of the foregoing statements. A copy of this authorization may be accepted as if it were an original.

Applicant Company or Corporation Name

By: (Print Name)

Signature:

Title

Date:

DOCUMENTS

Please attach copies of the following that apply to your company and check which are enclosed.

- Accounts Receivable Aging
- Accounts Payable Aging
- Customer List with Address / Phone and current credit limits.
- Company Financial Statements - current month and past 3 years if available
- Personal financial statements of principals OR copy of last 2 years tax returns
- Assumed name certificate / Fictitious Name filing
- Sample of Company's Invoices, Bills of Lading and Credit Memos
- Copy of Agreement with any other Factor.
- IF PARTNERSHIP - Partnership Agreement

Required for Corporations

- Copy of Articles of Incorporation
- Copy of Corporate By-Laws
- Personal financial statements of Principals

Required for Carriers

- Copy of Texas Motor Carrier Authority and Insurance Cab Card Listing
- Copy of Federal Operating Authority
- Copy of Single State Registration
- Copy of Insurance
- Copy of Lease Agreement
- Copy of Agency Agreement

Please provide us with any additional information or comments:
