



(352) 373-3445  
(877) 383-3539  
(352) 373-5784-FAX

### Factoring Application

Legal Name of Company (as shown on the Articles of Incorporation or Partnership Agreement) | Federal ID, SS#

Address | City | State | Zip | County

Telephone Numbers: ( ) | Fax Numbers: ( ) | email: | www:

Type of Business: Corporation  Partnership  Proprietorship  Other  | Date Established | Date Incorporated

Contact Person | Title

Describe Type of Business and Activity (Manufacturing, Distribution or Service of...) | No. of Employees

Describe Type of Customers and Industries (Retailers, State Government, Distributors of...) | Approx. No. of Customers

Average Monthly Sales | Average Invoice Size | Typical Terms Offered Customers

Estimate of Mo. Volume to be Factored | Est. Frequency of Factoring | Annual Dollar Amount of Bad Debt Write-Off

Are your accounts receivable pledged as collateral: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, describe \_\_\_\_\_

Is your company involved in any litigation? Are there any judgements or liens filed against it? Are there any unpaid taxes currently due? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, please explain: \_\_\_\_\_

#### Loans or Account Balances Due:

<u>Amount</u>	<u>Lender or Supplier Name</u>	<u>Collateral</u>

#### References:

Company Name	Contact Name	City/State	Phone	Account/ID
Bank				
Accountant				
Attorney				
Landlord				

**Owner(s) or Principal(s):** Number owning 25% or more \_\_\_\_\_

1. \_\_\_\_\_  
 Name Title SS# Birth Date  
 \_\_\_\_\_  
 Home Address City State Zip  
 \_\_\_\_\_  
 Home Phone Active in Business? Yes  No  Interest owned %  
*Check One*

2. \_\_\_\_\_  
 Name Title SS# Birth Date  
 \_\_\_\_\_  
 Home Address City State Zip  
 \_\_\_\_\_  
 Home Phone Active in Business? Yes  No  Interest owned %  
*Check One*

**Customers:** (Please provide information on the two largest customers you expect to factor)

1. \_\_\_\_\_  
 Company Name Mo. Sales Avg. Inv. Amt. Avg Pmt Time How long a Cust.  
 \_\_\_\_\_  
 Contact Person Address Phone

2. \_\_\_\_\_  
 Company Name Mo. Sales Avg. Inv. Amt. Avg Pmt Time How long a Cust.  
 \_\_\_\_\_  
 Contact Person Address Phone

How did applicant learn about G-R Funding? \_\_\_\_\_

Have you previously factored? \_\_\_\_\_ If yes, with what company? \_\_\_\_\_

Please give your main reasons for factoring: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

The foregoing information is true and correct to the best of my knowledge and is given to induce G-R Funding Corporation to consider entering into a factoring agreement. I/We hereby authorize G-R Funding or its agents to verify and investigate any of the foregoing statements and will provide financial statements, tax returns, etc. as you deem necessary. I/We grant G-R Funding the right to procure any and all credit reports pertaining to any party to this application.

\_\_\_\_\_  
 Signature Print Name Title Date