



A Division of Resource Management Partners, Inc.

Factoring Application

Please complete the application and fax it, with supporting documentation, to 605-335-4949 in order to begin the qualification process. **All information, below, is required.** Answer *No* or *n/a*, as needed. Do not leave blanks. If you have questions about filling out the application, call 877-250-2114. **Please print legibly.**

GENERAL INFORMATION

Business Name: _____

Doing Business As (dba), Name: _____

Contact Person: _____ Title: _____

Address: _____ Suite # _____ City: _____

State: _____ Zip Code: _____ County: _____ e-mail Address: _____

Phone # : _____ Fax # : _____ Cell Phone: _____

Form of Business: Corporation: _____ LLC: _____ Partnership: _____ Sole Proprietor: _____

Federal ID Number: _____ Number of Employees: _____ MC Number: _____

Number of Tractors Owned/Leased: _____ Number of additional tractors leased onto your authority, if any: _____

Do you currently have a business loan? Yes: _____ No: _____ If yes, name of Bank: _____

Do you have any UCC-1s on file with A/R as collateral? Yes: _____ No: _____ Company: _____

Do you have any State or Federal Taxes past due? Yes: _____ No: _____ If yes, has a tax lien been filed? Yes: _____ No: _____

If Taxes are past due, please list type, quarter, and amounts: _____

Have you factored before? Yes: _____ No: _____ Name of factoring company: _____

OWNER / PRINCIPAL / OFFICER (*List additional Owners / Principals / Officers / Shareholders on Appendix A*)

Name: _____ Title: _____ % Ownership: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone #: _____ Own: _____ Rent: _____

Social Security#: _____ Date of Birth: _____

****To complete this application, you must sign below and provide the supporting documents listed in Appendix B****

The undersigned, being an officer or other interested person in the business of the applicant named in the foregoing application, authorizes Carrier Finance Group to undertake a credit review of the undersigned and spouse to contact financial and trade references and individuals and businesses for the purpose of receiving credit information and investigating and verifying the undersigned's credit history, and hereby authorizes such references, individuals, and businesses to release information concerning the undersigned to Carrier Finance group.

Signature of Principal _____ **Date** _____

Print Name _____ **Title** _____

Appendix A

Additional Owners / Principals / Officers / Shareholders

1

Name: _____ Title: _____ % Ownership: _____
Home Address: _____ City: _____ State: _____ Zip: _____
Home Phone #: _____ Own: _____ Rent: _____
Social Security#: _____ Date of Birth: _____

2

Name: _____ Title: _____ % Ownership: _____
Home Address: _____ City: _____ State: _____ Zip: _____
Home Phone #: _____ Own: _____ Rent: _____
Social Security#: _____ Date of Birth: _____

3

Name: _____ Title: _____ % Ownership: _____
Home Address: _____ City: _____ State: _____ Zip: _____
Home Phone #: _____ Own: _____ Rent: _____
Social Security#: _____ Date of Birth: _____

4

Name: _____ Title: _____ % Ownership: _____
Home Address: _____ City: _____ State: _____ Zip: _____
Home Phone #: _____ Own: _____ Rent: _____
Social Security#: _____ Date of Birth: _____

The undersigned, being an officer or other interested person in the business of the applicant named in the foregoing application, authorizes Carrier Finance Group to undertake a credit review of the undersigned and spouse to contact financial and trade references and individuals and businesses for the purpose of receiving credit information and investigating and verifying the undersigned's credit history, and hereby authorizes such references, individuals, and businesses to release information concerning the undersigned to Carrier Finance group. (Each principal, officer, and/or shareholder, listed above, must sign.)

1 Signature _____ Date _____

Printed Name _____

2 Signature _____ Date _____

Printed Name _____

3 Signature _____ Date _____

Printed Name _____

4 Signature _____ Date _____

Printed Name _____

Appendix B

Supporting Documents

Please provide Carrier Finance Group with the following documents. We are unable begin the approval process until all items are in our office.

✓ Check off when submitted

___ Copy of **Operating Authority**

___ **Proof of Insurance** (copy of insurance binder)

___ Copy of **all Owners/Principal's drivers' licenses** (Owners of company only, not truck drivers)

___ If a corporation, copy of **Articles of Incorporation and ID#** (showing legal business name and identities of corporate President and Secretary).

___ Copy of current **Accounts Receivable Aging, and Accounts Payable.**

___ **List of customers that may be factored**, with addresses and phone numbers. If customers are Transportation Brokers, we will also need their MC numbers.

Banking Information:

Bank Name: _____ ABA Routing #: _____

Name on Account: _____ Account #: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____

Contact Name: _____ Title: _____

****Remember****

We are unable to begin the approval process until we receive all required information.

Thank You