

RESOURCE BUSINESS PARTNERS, INC.

20252 Viewcrest Court
San Jose, CA 95120
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Confidential Factoring Application

Application Date _____

Company Name _____

Company Address _____

Company City _____ State _____ Zip _____

Phone (____) _____ Fax (____) _____

Cell (____) _____

Email _____

Federal Tax ID # _____ Date Established _____

Business Description _____

Sole Proprietor Partnership Corporation LLC

State of Incorporation _____ Date of Incorporation _____

Principals and Stockholders

Name _____

Title _____ % Owned _____

Home Address _____

(Must be Home Address >>> No PO Box)

City _____ State _____ Zip _____

Home Phone (____) _____ Home Fax (____) _____

Date of Birth _____ Social Security Number _____

Driver's License Number _____ State Issued _____

Do you have interest in any other business ? Yes No

If yes, please explain _____

Are there other owners or stockholders? Yes No

List same information for additional principals and stockholders on separate page.

Personal References

Please list two personal references that can vouch that you are of good character.

Name _____

Address _____

City _____ State ____ Zip _____

Phone _____

Name _____

Address _____

City _____ State ____ Zip _____

Phone _____

Daily Contact Person

Name _____ Title _____

Phone (_____) _____

Accounts Receivable Information

Annual Sales \$ _____ Current Open Invoices \$ _____

Anticipated Monthly Factoring \$ _____ Number of Customers _____

Average number of days invoices are outstanding _____

Average invoice amount \$ _____

Are discounts or other sales incentives given? Yes No

If yes, explain _____

Are receivables, inventory or fix assets pledged as collateral for a loan?

Yes No If yes, to whom? _____

Are all taxes current? Yes No

If no, how much is owing to whom? _____

Are there any tax liens, judgments, or suits pending against the company?

Yes No If yes, explain _____

Are there any judgments, suits or adverse legal proceedings rendered against any principles or stockholders? Yes No

If yes, explain _____

Bank Information

Bank Name _____

Address _____

City _____ State _____ Zip _____

Phone Number (____) _____

Contact Person _____ Title _____

Checking Account Number _____

Savings Account Number _____

Support Information

Name of Accountant _____

Firm Name _____

Address _____

City _____ State _____ Zip _____

Phone Number (____) _____

Please Provide The Following With Application

____ Articles of Incorporation or DBA papers.

____ Copy of each owner's driver's license.

____ Copy of business card.

____ Most recent accounts receivable aging.

____ Most recent accounts payable aging.

____ Current customer list (including name address phone & email)

I hereby certify the above information is correct to the best of my knowledge.

Please have all principals' sign below.

Signature _____

Print Name/Title _____

Date _____

Signature _____

Print Name/Title _____

Date _____

Signature _____

Print Name/Title _____

Date _____

Signature _____

Print Name/Title _____

Date _____

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