

RESOURCE BUSINESS PARTNERS, INC.

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San Jose, CA 95120
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Confidential Factoring Application

Application Date _____

Company Name _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____ Fax (____) _____

Email: _____ Cell (____) _____

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 _____

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.

Daily Contact Person

Name _____ Title _____

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

_____ Most recent accounts receivable aging

_____ Most recent accounts payable aging

_____ Current customer list (including name address and phone)

_____ Copy of Drivers License (lighten the copy settings to ensure visibility)

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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