



Accounts Receivable Factoring Application

Business Name (as shown on the Articles of Incorporation or Partnership Agreement):

Date Established:	State of Incorporation:	Type of Business:
Street Address:	Parish/County:	
City:	State:	Zip:
	Phone: ()	Fax:()
Email:	Website:	

Principals

Name:	Name:
Title: DL#:	Title: DL#:
SSN: DOB: % Ownership:	SSN: DOB: % Ownership:
Email:	Email:
Home Phone: () Cell Phone:()	Home Phone: () Cell Phone:()
Home Street Address:	Home Street Address:
City: State: Zip:	City: State: Zip:

Receivable Information

Amount of Open Receivables:
Average Monthly Sales?:
Approx Number of Accounts: Terms of Sales:
Are you factoring now or have you factored before? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, with what company?:
Amount you intend to factor on a monthly basis:

General Information

Federal I.D. No.:
Do you have any outstanding judgments/Liens? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what amount?:
Are you currently under the protection of the United States Bankruptcy Laws? <input type="checkbox"/> Yes <input type="checkbox"/> No
Who referred you to us?:

This serves as my permission for the release of any information regarding this application for the purpose of credit investigation of the company I represent or myself. Please begin the verification and remittance address change process for the accounts receivable submitted to you in order for us to qualify as a client. The above statements are true and accurate to the best of my information and belief.

DATE: _____, 200__

SIGNED	TITLE	DATE	SIGNED	TITLE	DATE
--------	-------	------	--------	-------	------

- ALSO PROVIDE:**
- | | |
|---|---|
| 1) Articles of Incorporation. | 5) Tax Identification Number and Certification |
| 2) Proof of Insurance (Listing SevenOaks Capital as a certificate holder) | 6) Client list or Accounts Receivable aging Report. |
| 3) MC Number. | 7) Voided Check |
| 4) Previous years Tax Returns. | 8) Copy of Drivers License |

Fax to 225-757-1916 for 24 hour approval process. Call 800-511-4588 if any questions