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Application for accounts receivable financing

# BUSINESS info (as recorded at the secretary of state office)

|  |  |  |  |
| --- | --- | --- | --- |
| Company Name: |  | Date Business Commenced: |  |
| State of Incorporation: |  | Sole proprietorship |  |
| Phone: |  | Partnership |  |
| Email: |  | Corporation |  |
| Registered Company Address:City, State & ZIP Code |  | Other: \_\_\_\_\_\_\_\_\_\_ |  |

# Principles INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| #1 Name: |  | #2 Name: |  |
| SSN: |  | SSN: |  |
| DOB: |  | DOB: |  |
| % Of Ownership: |  | % Of Ownership: |  |
| Home Address: |  | Home Address: |  |

# Accounting information

|  |  |  |  |
| --- | --- | --- | --- |
| Open amount of receivables: |  | Amount of Monthly Sales: |  |
| Approx. Amount of Accounts: |  | Terms of Sales: |  |
| How are payables funded now? (Please check a box) | 🞎 Your Own Money  Investors  🞎 Line of Credit | Do you accept Credit Cards for payment? | Yes  🞎 No |
| Federal Tax ID #: |  | Do you have any Liens or Judgements? | Yes  🞎 No |

# agreement

This serves as my permission & consent along with the parties listed above 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 process for qualification. The above statements are true & accurate to the best of my knowledge/belief.

Other information & documents will be required later for due diligence.

# SIGNATURES

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Signature: |  |
| Name & Title: |  | Name & Title: |  |
| Date: |  | Date: |  |

Contact Information:

[moneywurx@gmail.com](mailto:moneywurx@gmail.com)

PO BOX 1315 Bowie, TX 76230

Phone: (940) 872-7110