

COMPANY ENROLLMENT INFORMATION APPLICATION

<i>Business Name</i>			<i>Federal Tax ID Number</i>	
<i>Street Address</i>			<i>Date Established</i>	
<i>City</i>	<i>State</i>	<i>Zip</i>	<i>MC Number</i>	
<i>Phone</i>		<i>Type of Business:</i> <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation -- <input type="checkbox"/> LLC <input type="checkbox"/> Partnership		
<i>Fax</i>		<i>Carrier Authority (check all that apply):</i> <input type="checkbox"/> Common <input type="checkbox"/> Contract		
<i>Email</i>		<input type="checkbox"/> Brokerage <input type="checkbox"/> Other		
<i>Number of Trucks #</i>	<i>Number of Customers #</i>	<i>Average Monthly Revenue \$</i>	<i>Open Invoices \$</i>	<i>Invoice Size \$</i>
<i>Have you or any Principal ever factored invoices or receivables? Yes No</i> <i>With whom? _____</i>				
<i>Are you or any Principal currently in a factoring relationship? Yes No</i> <i>Explain: _____</i>				
<i>Pending liens/judgments? <input type="checkbox"/> Yes <input type="checkbox"/> No</i> <i>(If Yes, explain)</i>		<i>Current on all taxes? <input type="checkbox"/> Yes <input type="checkbox"/> No</i> <i>(If No, explain)</i>		<i>Ever file bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No</i> <i>(If Yes, date)</i>
<i>Bank Name</i>			<i>Contact</i>	
<i>Address</i>			<i>City/State/Zip</i>	
<i>Telephone</i>			<i>Account Numbers</i>	

OWNERS/OFFICERS - IMPORTANT INFORMATION

I or we hereby certify that all information provided on this Application is true and correct to the best of my/our knowledge and is given to induce Company or its assigns to consider entering into a factoring relationship with the applicant/s at their sole and absolute discretion. I or we do hereby authorize Company or its assigns to verify and investigate at any time the information provided herein including obtaining a consumer credit report and other reports necessary for determining the Company's acceptance into the program.

OWNERSHIP: PLEASE ACCOUNT FOR 100%

<i>Full Legal Name Owner or Officer #1</i>		<i>Position</i>	<i>Social Security Nbr.</i>
<i>Home Address</i>		<i>Date of Birth</i>	<i>Ownership Percent %</i>
<i>City</i>	<i>State</i>	<i>Zip</i>	<i>Phone - Home</i>
<i>Signature</i>			<i>Phone - Cell</i>
<i>Full Legal Name Owner or Officer #2</i>		<i>Position</i>	<i>Social Security Nbr</i>
<i>Home Address</i>		<i>Date of Birth</i>	<i>Ownership Percent %</i>
<i>City</i>	<i>State</i>	<i>Zip</i>	<i>Phone - Home</i>
<i>Signature</i>			<i>Phone - Cell</i>
<i>Signature</i>			<i>Date</i>