



Transfac-Confidential Service Application – (3 Pages)
(Please print in ink)

1) BUSINESS INFORMATION

Business Name			Date of Application
State Registered	Date Established	Federal Tax ID	COUNTY
DBA Name(s)			
Street Address		City	State/Zip Code
Mailing Address (if different)		City	State/Zip Codes
Phone Number	Fax Number	Email	
Cell Number	Website	Number of Employees	
		W2	1099

2) TYPE/OWNERSHIP: C Corp ___ S Corp ___ LLC ___ Partnership ___ Proprietorship ___ Year filed _____ State _____

3) OWNER(S) list all owners with at least 15% ownership

Full Name	Title	Social Security Number	% of Ownership
Home Address	City	State	Zip Code
Drivers License Number	State	Expiration	DOB

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4) TAXES - How often do you pay 941 Taxes? Weekly Quarterly Monthly Yearly
 Are Workers Compensation payments current? Yes No If No, when last paid? _____

5) OPERATION / FINANCIAL

Current Accounts Payable \$ _____	Inventory \$ _____
Total Long Term Debt \$ _____	Raw Material \$ _____
Total Payments on Debt per Month \$ _____	Finished Goods \$ _____
Notes to Shareholders \$ _____	Plant & Equipment \$ _____
Line(s) of Credit: Max Line \$ _____ Outstanding \$ _____	Do you Own or Lease Facility? _____
Commercial Insurance Carrier _____	Insurance Renewal Date: _____

6) SALES / ACCOUNTS RECEIVABLE INFORMATION (if start up company – estimates please)

Annual Gross Sales \$ _____	Gross / Net Margin % _____ / _____
Open Receivables at present \$ _____	Est. # Customers _____
Average sales per month \$ _____	Average invoice size _____
Estimated Amount to be financed \$ _____	Est. # of invoices per month _____

Do you purchase products or services from your customers? Yes No

Have you given a security interest in, or made an assignment of, your accounts receivable or inventory as collateral to any other creditor? Yes No

Estimated amount of Accounts Receivable and invoice loan outstanding: _____

If yes, to whom? Name: _____ Phone: _____

Address: _____ Fax: _____

City/State/Zip: _____ Contact: _____

7) TRADE REFERENCES

Company: _____ Contact: _____

Phone (include area code): _____ Fax (include area code): _____ Account Number: _____

Company: _____ Contact: _____

Phone (include area code): _____ Fax (include area code): _____ Account Number: _____

Company: _____ Contact: _____

Phone (include area code): _____ Fax (include area code): _____ Account Number: _____

Brief description of business:

8) MISC INFO.

Have you, this company, its officers or directors, or any affiliated companies ever:	Explain
Been convicted of a felony?	Yes <input type="checkbox"/> No <input type="checkbox"/> _____
Filed bankruptcy, had a petition in bankruptcy filed against it, or a receiver appointed?	Yes <input type="checkbox"/> No <input type="checkbox"/> _____
Made an assignment for the benefit of creditors?	Yes <input type="checkbox"/> No <input type="checkbox"/> _____
Any judgments filed against it?	Yes <input type="checkbox"/> No <input type="checkbox"/> _____
Had or have a Federal, State, County, or Municipal lien/levy filed against it?	Yes <input type="checkbox"/> No <input type="checkbox"/> _____
Do you presently owe past due federal or state taxes?	Yes <input type="checkbox"/> No <input type="checkbox"/> _____
Been involved or are currently engaged in, or threatened with any litigation?	Yes <input type="checkbox"/> No <input type="checkbox"/> _____
Please note any mergers, acquisitions or asset purchases in the last 5 years:	_____

9) DOCUMENTS – *Please Include With Application – (All information provided kept strictly confidential):*

- Current Accounts Receivable Aging Summary - (1-30 days, 31-60, etc.)
- Current Accounts Payable Aging
- Customer list with complete addresses and phone numbers.
- A copy of Business Registration and/or DBA filing
- A copy of Articles of Incorporation or Partnership Agreement or LLC Certificate of Membership.
- Copies of sample invoices including supporting attachments such as Delivery Receipt, PO's, Contracts, etc.
- Brief background and experience of Principal(s)
- Financial statement (Business)-most recent and year-end. (If no financials, send tax return.)
- Personal Financial Statement(s) of Owner(s)
- Proof of Insurance

By executing this application, the undersigned person(s) certifies to the following: The information set forth in this application and in the documents, schedule, reports, statements, and/or other information provided to Transfac with our pursuant to this application are full, true, correct, and complete and accurately reflect such information on the date(s) thereof; that Transfac is authorized to request, receive, and verify credit reports and other financial information regarding applicant(s) and its business that Transfac deems necessary and appropriate; that Transfac is authorized to execute in the name of the undersigned person(s) and file against the undersigned person(s) in favor of Transfac financing statements with respect to the undersigned person(s) assets; and that Transfac is authorized to inquire of, investigate, confirm, and verify any information contained in this application, in any documents, schedules, reports, statements, and/or other information provided under or pursuant to this application, or learned by Transfac as part of its investigation and review of this application, applicant(s), or applicants' business. Transfac is authorized to file UCC Financing Statements concerning all accounts of applicant upon execution of this application. In the event funding does not occur, Transfac will terminate the filings.

Transfac may be (is) required by the USA Patriot Act to obtain documentary and/or corporation or other entity's identity regardless of any prior relationship such customer may have with Transfac. This verification may include obtaining a copy of the customer's driver license or verifying information through credit bureaus, public databases or any other sources.

ALL INDIVIDUALS LISTED ABOVE AS OWNERS MUST SIGN THIS APPLICATION.

PRINT NAME AND TITLE: _____

SIGNED _____ **DATE:** _____

PRINT NAME AND TITLE: _____

SIGNED _____ **DATE:** _____

PRINT NAME AND TITLE: _____

SIGNED _____ **DATE:** _____

**EMAIL BACK TO SALES@TRANSFACCAPITAL.COM
OR FAX COMPLETED APPLICATION TO: (801) 575-6507**