

**Factoring Application**  
**United Capital Funding Corp.**  
**“Quick Application”**

**BUSINESS INFORMATION**

Name of Company: \_\_\_\_\_

DBA: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (    ) \_\_\_\_\_ Fax: (    ) \_\_\_\_\_

Email Address: \_\_\_\_\_ Website: \_\_\_\_\_

Federal Tax I.D. Number: \_\_\_\_\_

Is The Business a:  Corporation  Partnership  LLC  Sole Proprietor  Other

Type of Business: \_\_\_\_\_

**PERSONAL INFORMATION**

Name: \_\_\_\_\_ % ownership: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (    ) \_\_\_\_\_ Fax:(    ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Social Security Number \_\_\_\_\_

**LIST OTHER OWNERS/PARTNERS**

**(Please use a separate piece of paper if there are more than 2 owners/partners)**

Name: \_\_\_\_\_ % ownership: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (    ) \_\_\_\_\_ Fax:(    ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Social Security Number \_\_\_\_\_

**Dollar Amount of Commercial Accounts Receivable now open:**

Total Outstanding: \$ \_\_\_\_\_

Current \$ \_\_\_\_\_

30 Days Old \$ \_\_\_\_\_

60 Days Old \$ \_\_\_\_\_

90 Days Old \$ \_\_\_\_\_

**Please also attach a current A/R aging with your Application if available. If you are a start up business, please simply put \$0 in the above table.**

Are any Accounts Receivables pledged as collateral? Yes \_\_\_ No \_\_\_

If yes, to whom: \_\_\_\_\_

Are you currently factoring? Yes \_\_\_ No \_\_\_

If yes, with whom: \_\_\_\_\_

Do you process your own payroll? Yes \_\_\_ No \_\_\_

Have you ever filed for bankruptcy? Yes \_\_\_ No \_\_\_

Any Federal or State taxes past due? Yes \_\_\_ No \_\_\_

Are there any judgments pending by or against the company? Yes \_\_\_ No \_\_\_

Is there any pending or threatened litigation against the company? Yes \_\_\_ No \_\_\_

**Name of 4 largest Accounts to be Factored:**

Customer Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Average Monthly Sales for this customer: \$ \_\_\_\_\_

Average Time it takes to get paid: \_\_\_\_\_ Days

Credit Line Desired for this customer: \$ \_\_\_\_\_

Customer Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Average Monthly Sales for this customer: \$ \_\_\_\_\_

Average Time it takes to get paid: \_\_\_\_\_ Days

Credit Line Desired for this customer: \$ \_\_\_\_\_

Customer Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Average Monthly Sales for this customer: \$ \_\_\_\_\_

Average Time it takes to get paid: \_\_\_\_\_ Days

Credit Line Desired for this customer: \$ \_\_\_\_\_

Customer Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Average Monthly Sales for this customer: \$ \_\_\_\_\_

Average Time it takes to get paid: \_\_\_\_\_ Days

Credit Line Desired for this customer: \$ \_\_\_\_\_

Where did you hear about us? \_\_\_\_\_

By submitting this Application, you authorize United Capital Funding Corp. to use any credit bureau or business to verify any information that is provided.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For quick processing of your Application, please fax completed Application to United Capital Funding Corp. at: (727) 822-8543 or email to [mark@ucfunding.com](mailto:mark@ucfunding.com) For additional information on the professional services provided by our firm, please review our website: [www.ucfunding.com](http://www.ucfunding.com).