

# ACCOUNTS RECEIVABLES & INVOICE FACTORING APPLICATION

954-647-3064/phone - dterm.funding@gmail.com - 305-602-8923/fax

## Business Information

Name  DBA  Tax ID   
 Address  City  State  Zip   
 Phone  Fax #  Email   
 Contact Person  Date Business Started  Yearly Gross Sales  Monthly CC Sales \$   
 Length of Ownership  Time at Location  Website

## Ownership Information

Name  Title  Home Phone  Cell Phone   
 Home Address  City  State  Zip   
 Date of Birth  SS#  Drivers License #  State Issued  Ownership %   
 Name  Title  Home Phone  Cell Phone   
 Home Address  City  State  Zip   
 Date of Birth  SS#  Drivers License #  State Issued  Ownership %

## AR Factoring (Merchant Cash Advance) Details

If you have existing Merchant Cash Advance(s) please provide the following:

#1 Who Funded You?  Funding Date  Amount \$  Payback \$  Daily Payment  OR; % of CC   
 #2 Who Funded You?  Funding Date  Amount \$  Payback \$  Daily Payment  OR; % of CC   
 #3 Who Funded You?  Funding Date  Amount \$  Payback \$  Daily Payment  OR; % of CC   
 Amount Desired \$  Use of Proceeds?

Business Location:  Rent  Own Monthly Rent or Mortgage Payment \$  Lease Start Date  Lease End Date  If Behind On Rent How Many Months?   
 Landlord Name  Contact Name  Work Phone  Cell  Fax

## Invoice Factoring Details (Only For Invoice Factoring)

I Am:  Prime Contractor (GC)  Sub Contractor # of Employees  Industry   
 Receivables Balance: Current:  1-30 Days  30-60 Days  60 Plus  Total   
 Sales Past 30 Days  Average Invoice Amount  Amount You Intend To Factor Monthly   
 Have you or any principal ever factored or borrowed against your receivables?  Yes  No With Whom?   
 Are you or any principal currently in a factoring relationship?  Yes  No With Whom?   
 Do you currently have any liens on your accounts receivables?  Yes  No With Whom?   
 CAGE CODE  Check All That Apply:  Back Taxes  Judgements/Liens  Lawsuits  Bankruptcies  Criminal Convictions

Please Include the following:  All Invoices to be Factored and/or Sample Invoices & Supporting Contracts  Copy of Owner(s) Drivers Licenses  
 Aging AR  Articles of Incorporation (or LLC, LLP, etc.)  If Government Contractor - Please Provide a List of All Government Contracts

## Signature

Applicant(s) authorizes Data & Terminal, its assignees, agents, banks or financial institutions to obtain an investigative or consumer report from a credit bureau and/or a credit agency and to investigate the references given on this or any other statement or data obtained from applicant(s). Applicant(s), by signing below, represents that all the information is complete and accurate.

Applicant #1 Signature:	Date:
Applicant #2 Signature:	Date:

Application requires written signatures. Please print, sign & Return via fax or email.