



In order to expedite the approval process, please fill out the application completely. After initial approval is given, additional information may be required prior to funding.

**COMPANY INFORMATION**

Business Name: \_\_\_\_\_ Date Est.: \_\_\_\_\_ County: \_\_\_\_\_

Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Web Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Legal Status:  Corp.  LLC  Partnership  Sole Proprietorship Federal Tax ID Number: \_\_\_\_\_

Description of Business: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

Federal or State Taxes Past Due?  Yes  No If Yes, Type/Amt.: \_\_\_\_\_ Tax Lien Filed?  Yes  No

**OFFICERS, OWNERS, OR PARTNERS**

If more than two, please list any additional in Notes section of application

Name & Title: \_\_\_\_\_ % Owned: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Home Street Address: \_\_\_\_\_  Own  Rent

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security Number #: \_\_\_\_\_

Name & Title: \_\_\_\_\_ % Owned: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Home Street Address: \_\_\_\_\_  Own  Rent

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security Number #: \_\_\_\_\_

**BUSINESS BANKING INFORMATION**

Name of Bank: \_\_\_\_\_ Date Opened: \_\_\_\_\_

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

Checking Account Number: \_\_\_\_\_ Any Commercial Loans Outstanding?  Yes  No

Loan Account Number/Amount: \_\_\_\_\_ /\$ \_\_\_\_\_ Bank Officer: \_\_\_\_\_

**SUPPLIER INFORMATION**

Please include the appropriate information with your completed application and submit to Power Funding

NAMES OF PRINCIPAL SUPPLIERS	PRODUCTS SUPPLIED	PHONE NUMBER
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**MISCELLANEOUS INFORMATION**

Anticipated monthly factoring volume: \_\_\_\_\_ Current receivables outstanding: \_\_\_\_\_

Requested first funding date: \_\_\_\_\_ Amount of funding required: \_\_\_\_\_

Have you factored before?  Yes  No If yes, with whom? \_\_\_\_\_

**LANDLORD INFORMATION**

Are you presently leasing your business space?  Yes  No Period of Present Lease: \_\_\_\_\_

Name of Landlord and/or Management Company: \_\_\_\_\_

Street Address: \_\_\_\_\_ Monthly Rental Amount: \_\_\_\_\_

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

**SUPPORT INFORMATION CHECKLIST**

Please include the appropriate information with your completed application and submit to Power Funding.

- |   |  |
|---|--|
| <input type="checkbox"/> Articles of Incorporation or Assumed Certificate     | <input type="checkbox"/> Copy of Liability Insurance                           |
| <input type="checkbox"/> Current Financial Statements                         | <input type="checkbox"/> Copy of Cargo Insurance (Trucking)                    |
| <input type="checkbox"/> Accounts Receivable Aging                            | <input type="checkbox"/> Copy of Workers Comp. Insurance (Staffing)            |
| <input type="checkbox"/> Accounts Payable Aging                               | <input type="checkbox"/> Copy of Operating Authority with MC# (Trucking)       |
| <input type="checkbox"/> Customer List with Addresses                         | <input type="checkbox"/> Copy of Current PACA License (Agricultural)           |
| <input type="checkbox"/> Copy of Tax Returns                                  | <input type="checkbox"/> Copy of Applicant(s) Driver's License                 |
| <input type="checkbox"/> Copy of 941s (last 4 quarters) with Proof of Payment | <input type="checkbox"/> Copy of Voided Check                                  |
| <input type="checkbox"/> Signed Tax Authorization Form (8821)                 | <input type="checkbox"/> Signed Term Sheet                                     |
| <input type="checkbox"/> Signed W-9   | <input type="checkbox"/> Invoices to factor (include P.O.(s) and/or contracts) |
| <input type="checkbox"/> Signed Bank Authorization Form                       |  |

NOTES:

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**SIGNATURE & AUTHORIZATION**

I understand that the submission of this application to Power Funding, indicates my intention to enter into a Security Agreement with Power Funding but does not obligate Power Funding to factor/finance or provide any financial services whatsoever. I further acknowledge that the approval to factor/finance or provide financial services may come only after the manager of Power Funding approves said application and invoices/accounts offered, in accordance with the terms of Power Funding's Security Agreement. The above statements are true and correct to the best of my information and belief. This serves as my permission for the release of any information to Power Funding regarding this application for the purpose of credit investigation. I hereby authorize Power Funding to investigate the credit of all parties listed above. I also hereby authorize Power Funding to contact our customers to verify the invoices submitted for factoring.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Name and Title: \_\_\_\_\_