



# Application for Factoring Freight Bills

Person completing application \_\_\_\_\_  
First Middle Initial Last

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Title \_\_\_\_\_

How did you hear about our company? \_\_\_\_\_

## BUSINESS/OWNER INFORMATION

Motor Carrier (MC) # \_\_\_\_\_ Federal I.D. # \_\_\_\_\_

Legal Business Name \_\_\_\_\_ Number of Years in Business \_\_\_\_\_

Type of Business  Corp/LLC  Sole Prop.  Partnership State Corp or LLC was Formed \_\_\_\_\_

Business Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_ Business Fax Number ( \_\_\_\_\_ ) \_\_\_\_\_

Business Physical Address \_\_\_\_\_

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

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

Business Mailing Address \_\_\_\_\_

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

Business owner(s) U.S. citizen(s)?  Yes  No



## IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Owner 1 Name \_\_\_\_\_ Percentage of Ownership \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth (mm/dd/year) \_\_\_\_\_

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

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

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Owner 2 Name \_\_\_\_\_ Percentage of Ownership \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth (mm/dd/year) \_\_\_\_\_

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

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

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Owner 3 Name \_\_\_\_\_ Percentage of Ownership \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth (mm/dd/year) \_\_\_\_\_

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

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

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_

(If more than three owners, please list on separate piece of paper each owner's name, Social Security Number, date of birth, percentage of ownership, home address and home telephone.)



## MOTOR CARRIER INFORMATION

List All Previous MC #'s \_\_\_\_\_

Number of Trucks Owned \_\_\_\_\_ Number of Trucks Leased on to Current MC # \_\_\_\_\_

Number of Trailers Owned \_\_\_\_\_ Dry Vans \_\_\_\_\_ Reefers \_\_\_\_\_ Flatbeds \_\_\_\_\_ Other \_\_\_\_\_

### GENERAL INFORMATION

Do you use broker Quick Pay?  Yes  No  Sometimes

Please list at least three customers (Brokers/Shippers) that you intend to factor:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Dollar amount you intend to factor each month \_\_\_\_\_

Are you currently factoring your freight bills?  Yes  No

If "Yes", please name the Factoring company \_\_\_\_\_

Have you factored your freight bills in the past?  Yes  No

If "Yes", please name the Factoring company \_\_\_\_\_

Are your IRS 941 payroll taxes current?  Yes  No  N/A  
(Payroll taxes are not applicable if you are an Owner/Operator without leased drivers.)

Are there County, State or Federal tax liens on the business?  Yes  No

Are there County, State or Federal tax liens on the Owner?  Yes  No

Do you use a fuel/debit card program?  Yes  No

If "Yes", which provider? \_\_\_\_\_

**THE FOLLOWING DOCUMENTS MUST ACCOMPANY THE COMPLETED APPLICATION**

- Signed proposal from Factor
- Certificates of liability and cargo insurance
- Articles of Corporation or LLC
- Owner(s) driver's license
- IFTA registration
- IRP (apportioned tag)
- IRS 2290 (Heavy Highway Use Tax)
- W-9 Form

*This serves as my permission for the release of any information regarding this application for the purpose of credit investigation of the company I represent or myself. The above statements are true and accurate to the best of my information and belief. I represent that this application is submitted for a purpose other than to obtain monies for personal, family or household use.*

All Owners must sign application and proposal

X	_____	_____	_____	____/____/____
	Signature	Printed Name	Title	Date
X	_____	_____	_____	____/____/____
	Signature	Printed Name	Title	Date
X	_____	_____	_____	____/____/____
	Signature	Printed Name	Title	Date

**PLEASE FAX THE COMPLETED APPLICATION AND ALL REQUESTED DOCUMENTS TO:**

*(FirstLine Funding Group cannot guarantee the security of confidential, personal information when sending by email or fax.)*

**Toll-Free Fax: 877.863.8600**

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