

**GENERAL INFORMATION**

Business Name \_\_\_\_\_ Email \_\_\_\_\_  
Street Address, City, State, Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Type of Entity  LLC  Sole Proprietor  Corp  Other  
State of Entity Formation \_\_\_\_\_  
Federal Tax ID \_\_\_\_\_ Type of Business \_\_\_\_\_  
Website \_\_\_\_\_  
How did you hear about FFG? \_\_\_\_\_  
Application completed by \_\_\_\_\_

**OWNER INFORMATION**

*Note: Total ownership must sum to 100%.*

**Owner 1**

Name \_\_\_\_\_ Title \_\_\_\_\_ % Owned \_\_\_\_\_  
Home Street Address, City, State, Zip \_\_\_\_\_  
Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_  
US Citizen:  Yes  No – If “no,” please provide Permanent Resident Card.

**Owner 2**

Name \_\_\_\_\_ Title \_\_\_\_\_ % Owned \_\_\_\_\_  
Home Street Address, City, State, Zip \_\_\_\_\_  
Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_  
US Citizen:  Yes  No – If “no,” please provide Permanent Resident Card.

**Owner 3**

Name \_\_\_\_\_ Title \_\_\_\_\_ % Owned \_\_\_\_\_  
Home Street Address, City, State, Zip \_\_\_\_\_  
Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_  
US Citizen:  Yes  No – If “no,” please provide Permanent Resident Card.

**Owner 4**

Name \_\_\_\_\_ Title \_\_\_\_\_ % Owned \_\_\_\_\_  
Home Street Address, City, State, Zip \_\_\_\_\_  
Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_  
US Citizen:  Yes  No – If “no,” please provide Permanent Resident Card.

**OPERATIONAL INFORMATION**

Total amount to factor monthly \_\_\_\_\_

Has the company or any of the owners ever declared bankruptcy?  Yes  NoAre there any unsatisfied judgments or liens against the company or its owners?  Yes  NoAre Federal, State and withholding taxes current?  Yes  NoAre you doing business under any other name or do you own any other businesses?  Yes  NoHas the company ever factored your accounts receivable?  Yes  No

If "yes," please name all factoring companies that you have worked with: \_\_\_\_\_

Is the company currently factoring your accounts receivable?  Yes  No

If "yes," please name the factoring company: \_\_\_\_\_

Does the company currently have a line of credit at a financial institution?  Yes  No

If "yes," please name the financial institution: \_\_\_\_\_

Does the company currently have a Small Business Loan or Merchant Cash Advance?  Yes  No

If "yes," please name the financial institution: \_\_\_\_\_

**Please list the customers you wish to factor below:**

Company Name \_\_\_\_\_

Headquarters Address \_\_\_\_\_

Billing Address \_\_\_\_\_

Phone \_\_\_\_\_

Point of Contact Name \_\_\_\_\_ Email \_\_\_\_\_

Company Name \_\_\_\_\_

Headquarters Address \_\_\_\_\_

Billing Address \_\_\_\_\_

Phone \_\_\_\_\_

Point of Contact Name \_\_\_\_\_ Email \_\_\_\_\_

Company Name \_\_\_\_\_

Headquarters Address \_\_\_\_\_

Billing Address \_\_\_\_\_

Phone \_\_\_\_\_

Point of Contact Name \_\_\_\_\_ Email \_\_\_\_\_

