

# FREIGHT BILL FACTORING APPLICATION



GENERAL	Person completing application:	Title:
	How did you hear about us?	Date:

BUSINESS	Motor Carrier (MC) #:	DOT #:	Federal ID #:	Time in business:	
	Legal Business Name:			Corp./LLC <input type="checkbox"/> Sole Prop. <input type="checkbox"/> Partnership <input type="checkbox"/>	State of Inc. or LLC:
	Business Phone:		Email:		
	Business Physical Address:		City:	State:	Zip:
	Business Mailing Address:		City:	State:	Zip:

OWNERSHIP	<b>Owner 1 - Legal Name:</b>		% Ownership:	Social Security Number:	
	Home Physical Address:		City:	State:	Zip:
	Home Mailing Address <i>(if different than physical address):</i>		City:	State:	Zip:
	Home Phone:		Cell Phone:	Date of Birth:	
	<b>Owner 2 - Legal Name:</b>		% Ownership:	Social Security Number:	
	Home Physical Address:		City:	State:	Zip:
	Home Mailing Address <i>(if different than physical address):</i>		City:	State:	Zip:
	Home Phone:		Cell Phone:	Date of Birth:	
	<b>Owner 3 - Legal Name:</b>		% Ownership:	Social Security Number:	
	Home Physical Address:		City:	State:	Zip:
	Home Mailing Address <i>(if different than physical address):</i>		City:	State:	Zip:
	Home Phone:		Cell Phone:	Date of Birth:	
	<b>Owner 4 - Legal Name:</b>		% Ownership:	Social Security Number:	
	Home Physical Address:		City:	State:	Zip:
	Home Mailing Address <i>(if different than physical address):</i>		City:	State:	Zip:
	Home Phone:		Cell Phone:	Date of Birth:	

If you have more owners please list the information above for the additional owners on a separate piece of paper.

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**CONTROLLING ENTITY**

“Controlling Entity” is a single individual with significant responsibility for managing the legal entity customer (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer).

CONTROLLING ENTITY	Legal Name:	% Ownership:	Social Security Number:	
	Home Physical Address:	City:	State:	Zip:
	Home Mailing Address <i>(if different than physical address):</i>	City:	State:	Zip:
	Home Phone:	Cell Phone:	Date of Birth:	

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

QUESTIONS	Total number of trucks:	How many Owner Operators are leased on to your MC #?
	What type of trailers do you haul? <input type="checkbox"/> Dry Van <input type="checkbox"/> Reefer <input type="checkbox"/> Step Deck <input type="checkbox"/> Flat Bed <input type="checkbox"/> Heavy Haul <input type="checkbox"/> Other_____	
	List all previous MC #'s:	
	Dollar amount you intend to factor each month:	
	Have you ever factored your freight bills? <input type="checkbox"/> Yes <input type="checkbox"/> No If “Yes”, please name all factoring companies that you have been with:	
	Are you currently factoring freight bills? <input type="checkbox"/> Yes <input type="checkbox"/> No If “Yes”, please name the factoring company:	
	Do you use Broker Quick Pay? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes	
	Are your business owner(s) U.S. Citizen(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Are your IRS 941 payroll taxes current? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Do county, state or federal tax liens exist on the business? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Do county, state or federal tax liens exist on the owner(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Would you like information on our EFS Fuel Card Program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Would you like information on our Equipment Financing Program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Would you like information on our Refer A Friend Program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Would you like information on our Over Advance Program? <i>(qualifying clients may receive funding for insurance, truck licenses, down payments, and much more)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Would you like information about our Fuel Advance Program? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Would you like information about our Business Banking Services? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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SIGN	<b>IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT</b>	
	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.	
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	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 and information for owner and controlling entity 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.	
	Signature 1: X _____	Printed Name: _____
Signature 2: X _____	Printed Name: _____	
Signature 3: X _____	Printed Name: _____	
Signature 4: X _____	Printed Name: _____	
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<input type="checkbox"/> By checking this box and signing below, I agree to inform the bank of any changes to the information provided for owner and controlling entity.		
Signature: X _____	Date: _____	

ADDITIONAL ITEMS	<b>PLEASE RETURN A COPY OF THE ITEMS BELOW WITH THE APPLICATION:</b>
	<input type="checkbox"/> Owner(s) driver's license(s)
	<input type="checkbox"/> Proof of insurance
	<input type="checkbox"/> W-9 Form
	<input type="checkbox"/> Copy of the FMCSA Motor Carrier Permit

INTERNAL USE ONLY	<b>NOTES:</b>

**PLEASE EMAIL COMPLETED APPLICATION TO [FFGSales@FirstLineFundingGroup.com](mailto:FFGSales@FirstLineFundingGroup.com)**

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

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**Toll-Free Phone: 877.609.6717 • Toll-Free Fax: 877.863.8600 • [www.firstlinefundinggroup.com](http://www.firstlinefundinggroup.com)**

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