



Quick Application- No Obligation!

GENERAL INFORMATION:

Legal Business Name:		
DBA:	Web Address:	
Business Street Address:		Suite:
City:	State:	Zip:
Business Phone Number(s):		Mobile Number:
Your Name:		Email Address:

FINANCIAL INFORMATION:

Anticipated Monthly Factoring Volume \$:	Anticipated Amt of Customers to Factor:
Has this company ever sold, factored or pledged its receivables? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, Balance Owed \$:
Does this company have any outstanding Bank Loans? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, Balance Owed \$:
Last Year Revenue \$:	YTD Revenue \$:
Monthly Invoicing \$:	Avg. Invoice Size \$:

THREE LARGEST CLIENTS THAT YOU EXPECT TO FACTOR:

Company	Street	City	State	Requested Credit Limit
				\$
				\$
				\$

Signed by _____ Title _____ Date _____

The above signed agrees that the information provided in this Application for Factoring submitted to FACTOR KING, LLC is deemed accurate. I hereby authorize FACTOR KING, LLC to investigate my/our credit worthiness and financial responsibility. I authorize FACTOR KING, LLC to conduct independent background investigation(s) in considering this application. I grant FACTOR KING, LLC the right to procure any and all credit reports pertaining to any party to the Application for Factoring. I grant FACTOR KING, LLC the right to contact reliable sources to approve this application. The above signed further authorizes any agency or institution to release information requested as it regards to this application. All such information will remain the sole property of FACTOR KING, LLC

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