

COMPANY INFORMATION

BUSINESS NAME			FEDERAL TAX ID	
STREET ADDRESS			DATE ESTABLISHED	
CITY	STATE	ZIP	WEBSITE URL	
PHONE	NUMBER OF EMPLOYEES		TYPE OF ENTITY	
EMAIL ADDRESSES OF PRIMARY CONTACT(S)			Sole Proprietor LLC Corporation Partnership	
FAX			Type "S" _____ "C" _____	
NUMBER OF COMPANY TRUCKS			State of Organization _____	
FEDERAL OR STATE TAXES PAST DUE Yes No			TYPE OF BUSINESS PRIMARY PRODUCT/SERVICE	
IF YES: TYPE _____ AMOUNT _____			NUMBER OF OWNERS/OPERATORS	
			TAX LIEN FILED Yes No	

BANK INFORMATION

BANK NAME	ACCOUNT NUMBER	PHONE	
BRANCH LOCATION	CONTACT NAME	E-MAIL	FAX

PROFESSIONAL SERVICES INFORMATION

ATTORNEY	COMPANY/FIRM	PHONE
ACCOUNTANT	COMPANY/FIRM	PHONE

PROFESSIONAL SERVICES INFORMATION

FULL LEGAL NAME		POSITION		SOCIAL SECURITY NUMBER	
HOME ADDRESS		DATE OF BIRTH	% OF OWNERSHIP	EMAIL ADDRESS	
CITY	STATE	ZIP	PHONE (HOME)	PHONE (CELL)	
FULL LEGAL NAME		POSITION		SOCIAL SECURITY NUMBER	
HOME ADDRESS		DATE OF BIRTH	% OF OWNERSHIP	EMAIL ADDRESS	
CITY	STATE	ZIP	PHONE (HOME)	PHONE (CELL)	
FULL LEGAL NAME		POSITION		SOCIAL SECURITY NUMBER	
HOME ADDRESS		DATE OF BIRTH	% OF OWNERSHIP	EMAIL ADDRESS	
CITY	STATE	ZIP	PHONE (HOME)	PHONE (CELL)	

ACCOUNTS RECEIVABLE INFORMATION

AVERAGE MONTHLY SALES ACCOUNTS RECEIVABLE BALANCE AVERAGE INVOICE AMOUNT AVERAGE NUMBER OF INVOICES PER MONTH

HOW FREQUENTLY ARE INVOICES GENERATED?

ARE INVOICES GENERATED PRIOR TO RECEIVING SIGNED TICKET? Yes No IF YES, EXPLAIN BELOW

ARE ANY EXTENDED TERMS GRANTED WITH THE RECEIVABLES? Yes No IF YES, EXPLAIN BELOW

WHO MAY WE THANK FOR REFERRING YOU?

CHECKLIST OF ITEMS NEEDED TO COMPLETE FILE

- Business Organizational Documents (if DBA - Assumed Name Cert., if LLC - Certificate of Filing and Operating/Company Agreement, etc.)
- SS-4 Letter from the IRS showing your EIN
- Customer List (highlighting which debtors you'll want us to factor)
- Business Tax Returns for 2015 & 2016 (if applicable)
- Personal Tax Returns for 2015 & 2016 for each owner
- Copy of each owner(s)' Drivers License
- Personal Financial Statement for each owner
- Completed TXP Capital Factoring Application
- Voided check for the account where funds will be deposited
- Bank statements for your Operating Checking Account for the past 3 months
- MSAs that you currently have in place
- Sample Invoice
- Current Accounts Receivable Aging Report
- Current Accounts Payable Aging Report
- Current Balance Sheet
- Current P&L Statement

SIGNATURE AND AUTHORIZATION

I/we hereby solemnly declare and certify the information supplied in this Application is true and correct to the best of my/our knowledge and that the signer(s) hereto has/have full authority to provide the information. I/we hereby authorize TXP Capital, LLC (TXP) to procure and verify my/our credit worthiness and any other information provided or obtained by TXP in the course of its investigation, which in TXP's sole discretion it deems appropriate, and to conduct independent background investigation(s) of this applicant(s) and the applicant's business. I/we further provide authorization, on a continuing basis, for any person or business to release any and all credit reports or verifications to TXP.

PRINTED NAME

SIGNATURE

DATE

PRINTED NAME

SIGNATURE

DATE