

# Factoring Application

## Business Name and Location

Complete Legal Name of Business

Principal Business Address

City  State  Zip Code

Check if Mailing Address same as Principal Business Address

Mailing Address

City  State  Zip Code

Check if Chief Executive's Office Address same as Principal Business Address

Chief Executive's Office Address

City  State  Zip Code

Check if Location of Books and Financial Records same as Principal Business Address

Location of Books and Financial Records

City  State  Zip Code

Check if No Other Offices or Locations

Other offices, including locations of property, plant, and equipment

City  State  Zip Code

Other offices, including locations of property, plant, and equipment

City  State  Zip Code



Company Phone  Alternate Phone  Company Fax

Email  Website

Contact Name

Check if phone same as above  Check if fax same as above

Phone Number  Mobile Phone  Company Fax

Trade Styles or Other Names Under Which You Do Business or Have Used in the Past Three (3) Years

Registered Fictitious Names (Please Attach a Copy of the Registered Fictitious Name Statement)

### Business Organization

Type of Legal Entity:  Sole Proprietorship  Limited Partnership  C Corp  LLC  
 Family Trust  General Partnership  S Corp  LLP  
 Other

Origination Date of Legal Entity  State Legal Entity Originated  County

Tax ID # (TIN)  D-U-N-S Number

SIC Code(s)  PACA Lic. Number

If the business is a partnership, all of the general partners have consented to the arrangements with AgriCap. If there exceptions, please indicate.

Signature Authority (Please print names of individuals authorized to execute all documents).

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

The above persons are authorized to act singly. If there are exceptions, please indicate.

## Owners & Key Personnel

Please list all persons or entities that have an ownership interest. If the entity is a general partnership, please list all general partners; if a limited partnership or LLP, list all general partners and list all limited partners; if an LLC, please list all members and list the managing member; if a living trust, list all trustees and trustees; and if an Illinois land trust, list the name of trustee, trust number, and all beneficiaries; attach a separate sheet if necessary.

Name	<input type="text"/>	Title	<input type="text"/>
SSN	<input type="text"/>	Or Tax ID # (TIN)	<input type="text"/>
		Date of Birth	<input type="text"/>
Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
		Zip Code	<input type="text"/>
Phone Number	<input type="text"/>	Fax Number	<input type="text"/>
		% Ownership	<input type="text"/>

Name	<input type="text"/>	Title	<input type="text"/>
SSN	<input type="text"/>	Or Tax ID # (TIN)	<input type="text"/>
		Date of Birth	<input type="text"/>
Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
		Zip Code	<input type="text"/>
Phone Number	<input type="text"/>	Fax Number	<input type="text"/>
		% Ownership	<input type="text"/>

Name	<input type="text"/>	Title	<input type="text"/>
SSN	<input type="text"/>	Or Tax ID # (TIN)	<input type="text"/>
		Date of Birth	<input type="text"/>
Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
		Zip Code	<input type="text"/>
Phone Number	<input type="text"/>	Fax Number	<input type="text"/>
		% Ownership	<input type="text"/>

Name	<input type="text"/>	Title	<input type="text"/>
SSN	<input type="text"/>	Or Tax ID # (TIN)	<input type="text"/>
		Date of Birth	<input type="text"/>
Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
		Zip Code	<input type="text"/>
Phone Number	<input type="text"/>	Fax Number	<input type="text"/>
		% Ownership	<input type="text"/>



## References

Bank	<input type="text"/>	Account #	<input type="text"/>
Contact	<input type="text"/>	Email	<input type="text"/>
Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
		Zip Code	<input type="text"/>
Phone Number	<input type="text"/>	Fax Number	<input type="text"/>

Accounting Firm	<input type="text"/>		
Contact	<input type="text"/>	Email	<input type="text"/>
Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
		Zip Code	<input type="text"/>
Phone Number	<input type="text"/>	Fax Number	<input type="text"/>

Finance Company	<input type="text"/>	Account #	<input type="text"/>
Contact	<input type="text"/>	Email	<input type="text"/>
Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
		Zip Code	<input type="text"/>
Phone Number	<input type="text"/>	Fax Number	<input type="text"/>

Largest Trade Supplier	<input type="text"/>	Account #	<input type="text"/>
Contact	<input type="text"/>	Email	<input type="text"/>
Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
		Zip Code	<input type="text"/>
Phone Number	<input type="text"/>	Fax Number	<input type="text"/>

Other Trade Supplier	<input type="text"/>	Account #	<input type="text"/>
Contact	<input type="text"/>	Email	<input type="text"/>
Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
		Zip Code	<input type="text"/>
Phone Number	<input type="text"/>	Fax Number	<input type="text"/>

## Factoring Contract Agreement

The undersigned represents and warrants to AgriCap that the information provided in this application is true and correct. In the event that any of the information contained in this application subsequently becomes false, the undersigned agrees to provide AgriCap with prompt notice of any changes in the information provided.

Company	<input style="width: 95%;" type="text"/>		
Signature	<input style="width: 95%;" type="text"/>	Date	<input style="width: 95%;" type="text"/>
Print Name	<input style="width: 95%;" type="text"/>	Title	<input style="width: 95%;" type="text"/>

## Document Checklist

**Basic Information** (This information is required before AgriCap can issue a factoring term sheet; additional information may be required):

- |  |  |
|--|--|
| <input type="checkbox"/> Completed Application (above)   | <input type="checkbox"/> Last three (3) years financial statements |
| <input type="checkbox"/> Information on the company's background & business                            | <input type="checkbox"/> Receivables and Payables aging reports    |
| <input type="checkbox"/> Year-to-date financial statements   |  |
| <input type="checkbox"/> List of customers with credit limits, name, telephone number, city, and state |  |