



CONFIDENTIAL FACTORING APPLICATION

"Funding the Future of Truckers"

Please return application with the following documents to: (561) 961-5005

- Operating Authority
- Certificate of Insurance
- Aging/Customer List
- Current W-9 Form
- Articles of Incorporation (if applicable)

GENERAL INFORMATION

Registered Entity Name _____

Trade Name _____ Email _____

Address _____ City _____ State _____ Zip _____

Business Phone () _____ Business Fax () _____ County _____

Type of Entity Corporation LLC Partnership Proprietorship Other _____

Date Formed _____ State of Incorporation _____ Federal Tax ID _____

OPERATIONAL INFORMATION

MC# _____ USDOT# _____ State _____ # Company Owned Trucks _____ #Owner-Operators _____

Trailers _____ Type(s) of Trailers _____ Type of Freight Hauled _____

How did you hear about TruckerFunds? _____

ACCOUNTS RECEIVABLE INFORMATION

Total A/R Balance _____ 1-30 days _____ 31-45 _____ 46-60 _____ 60+ _____

Annual Sales 2008 _____ Average Monthly Sales 2009 _____ Monthly Amount to be Factored _____

Active Customers _____ Largest Customer _____ % of Business _____ Average Inv Size _____

Have you ever factored before? YES NO If Yes, with whom? _____ When? _____

Are you currently factoring? YES NO If Yes, with whom? _____ Contract End Date? _____

OWNERSHIP INFORMATION (MUST ACCOUNT FOR 100%)

Owner Name _____ Home Address _____

Social Security # _____ Date of Birth _____ Home Phone _____ Cell _____

I hereby subscribe and affirm that all the information provided is true and accurate. Anchor Funding Services, LLC is authorized (as deemed necessary) to verify the accuracy of the statements and information provided and to conduct a credit investigation and background (including criminal) check, including without limitation, obtaining one or more credit reports from commercial credit investigations. Any adverse material change to the financial condition previously supplied must be reported within fifteen (15) days.

Signature _____ Title _____ % Ownership _____

Owner Name _____ Home Address _____

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