



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, 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, Annual Sales, # Active Customers, Largest Customer, % of Business, Average Inv Size, Have you ever factored before?, Are you currently factoring?

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

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