



## Account Debtor Application

Factor King, LLC provides commercial credit services for your vendor \_\_\_\_\_, we ask that you assist us in establishing acceptable credit limits for your company by completing the form below:

### GENERAL INFORMATION:

Legal Business Name: \_\_\_\_\_

DBA, Fictitious and/or Assumed Names: \_\_\_\_\_

Office Street Address: \_\_\_\_\_

Suite: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Suite: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Business Phone Number(s): \_\_\_\_\_

Fax Number: \_\_\_\_\_

Federal Tax ID: \_\_\_\_\_

Date Company Established: \_\_\_\_\_

Duns # (1): \_\_\_\_\_

Duns # (2): \_\_\_\_\_

Web Address: \_\_\_\_\_

Your Email Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Proprietorship  Partnership  LLC  C-Corp  S-Corp  Other  State of Formation: \_\_\_\_\_

Name of Primary Bank: \_\_\_\_\_

Contact (if any): \_\_\_\_\_

Telephone: \_\_\_\_\_

Account Number(s): \_\_\_\_\_



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## OWNERSHIP INFORMATION:

OFFICERS, DIRECTORS, PARTNERS and PRINCIPALS, please complete the following information:

1

*Full Name:		Title:
Home address:		Apt:
City:	State:	Zip:
Home phone:	Cell Phone:	Email:
DOB:	DL Number and State:	SS#:
% of Ownership:		

2

*Full Name:		Title:
Home address:		Apt:
City:	State:	Zip:
Home phone:	Cell Phone:	Email:
DOB:	DL Number and State:	SS#:
% of Ownership:		

3

*Full Name:		Title:
Home address:		Apt:
City:	State:	Zip:
Home phone:	Cell Phone:	Email:
DOB:	DL Number and State:	SS#:
% of Ownership:		



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### TRADE REFERENCES:

*Please list three trade references:*

1

Company Name:	
Address:	
Contact Name:	Phone:
Account Opened Since:	
Credit Limit: \$	Current Balance: \$

2

Company Name:	
Address:	
Contact Name:	Phone:
Account Opened Since:	
Credit Limit: \$	Current Balance: \$

3

Company Name:	
Address:	
Contact Name:	Phone:
Account Opened Since:	
Credit Limit: \$	Current Balance: \$



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

\*Please have the owner(s) listed above sign the application. Duplicate the last two pages of this application if more than three owners exist.

Signed by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Signed by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Signed by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_