



DALE CAPITAL GROUP

FACTORING APPLICATION FORM

Application Date: _____ Application Urgency: High Medium Low

General Company Information

* INDICATES A REQUIRED FIELD

Legal Name of Company*: _____
(as shown on the Articles of Incorporation, Partnership Agreement, or Articles of Organization)

Legal Form Under Which Business Operates*: _____
(i.e. Sole Proprietor, Partnership, Corporation, LLC, etc.)

State of Organization*: _____ **Trade Name DBA*:** _____

List all DBA fictitious and assumed names: _____

Other States of Operations: _____

Years In Business*: _____ **Mailing Address*:** _____

City*: _____ **State*:** _____ **Zip Code*:** _____

Primary/Physical Business Address*: _____

Has the company moved locations in the past years?* Yes No
If yes, please explain: _____

Has the company ever filed for bankruptcy?* Yes No
If yes, please explain: _____

Primary Contact Regarding this Application*: _____ **Title:** _____

Business Phone (Direct)*: (____) _____ **Business Phone (Main)*:** (____) _____

Cell Phone*: (____) _____ **Fax*:** (____) _____ **Email*:** _____

Website*: _____

Describe your business products and/or services*: _____

Previous Business Name(s) w/in last 5 years*: _____

How did you hear about Dale Capital Group?: _____

List of Officers, Owners, Partners

* INDICATES A REQUIRED FIELD

OFFICER/OWNER/PARTNER #1

Name*: _____ Position/Title*: _____

Ownership %*: _____ Date of Birth (DOB) (xx/xx/xxxx)*: _____ SSN*: ____ - ____ - _____

Home Address*: _____ City*: _____ State*: _____ Zip Code*: _____

Home Phone*: (____) _____ Cell Phone*: (____) _____

Email*: _____ Drivers License#*: _____ State Issued*: _____

Spouse's Name: _____ SSN: ____ - ____ - _____ DOB (xx/xx/xxxx): _____

OFFICER/OWNER/PARTNER #2

Name*: _____ Position/Title*: _____

Ownership %*: _____ Date of Birth (DOB) (xx/xx/xxxx)*: _____ SSN*: ____ - ____ - _____

Home Address*: _____ City*: _____ State*: _____ Zip Code*: _____

Home Phone*: (____) _____ Cell Phone*: (____) _____

Email*: _____ Drivers License#*: _____ State Issued*: _____

Spouse's Name: _____ SSN: ____ - ____ - _____ DOB (xx/xx/xxxx): _____

OFFICER/OWNER/PARTNER #3

Name*: _____ Position/Title*: _____

Ownership %*: _____ Date of Birth (DOB) (xx/xx/xxxx)*: _____ SSN*: ____ - ____ - _____

Home Address*: _____ City*: _____ State*: _____ Zip Code*: _____

Home Phone*: (____) _____ Cell Phone*: (____) _____

Email*: _____ Drivers License#*: _____ State Issued*: _____

Spouse's Name: _____ SSN: ____ - ____ - _____ DOB (xx/xx/xxxx): _____

Have the owner, officer or key managers of the company ever filed for bankruptcy?* Yes No
If yes, please explain: _____

Have the owner, officer or key managers of the company ever been involved in any Yes No
type of litigation or lawsuit either currently or historically?*
If yes, please explain: _____

Does the owner, officer or key managers of the company have any judgments/liens Yes No
currently pending against the Company?*

If yes, please explain: _____
Do any of the Principals have a Trust?* Yes No
If yes, please provide the name(s) of the Trust(s) below & provide a copy of each Trust as an attachment:

Accounts Receivable information

* INDICATES A REQUIRED FIELD

Total A/R Outstanding*:		\$ _____
Requested Average Monthly Amount of Financing*:		\$ _____
Total Desired Amount of Financing Requested*:		\$ _____
Aging of Receivable (\$Amount)*:	0-30 Days	\$ _____
	31-60 Days	\$ _____
	61-90 Days	\$ _____
	>90 Days	\$ _____
	Total	\$ _____
Total # of Customers*:		_____
Average Days to Collect*:		_____
Annual Write Off of AR as a % of Funded A/R*:		_____
Do any customers have any extended term or special agreements?*	Yes	No
If yes, please explain: _____		
Are any of your Accounts Receivables currently pledged as collateral?*	Yes	No
If yes, please explain: _____		
Is business currently or has it previously factored its receivables?*	Yes	No
If yes, with whom: _____		
Do you bill in Progress stages?*	Yes	No
Are any of your sales Bill and Hold?*	Yes	No
Intended Use of Funds: _____		

Tax Information

* INDICATES A REQUIRED FIELD

Federal Tax ID (FEIN)*: _____	Number of Employees*: _____
Is there a Payroll Service?*	Yes No
If yes, with whom? ADP Ceridian Other Please List Name: _____	
How often are payroll taxes filed?*	Weekly Monthly Quarterly Yearly
Are any taxes past due?*	Yes No
If yes, how much and to whom? \$ _____	
Are there any personal or real property taxes due?*	Yes No
If yes, please explain: _____	
Have your income tax returns ever been questioned by any government agency?*	Yes No
If yes, please explain: _____	
Are there any tax liens, judgments or suits pending against the company?*	Yes No
If yes, please explain: _____	
Federal Taxes Owed*: \$ _____	State Taxes Owed*: \$ _____
For taxes owed, are you on a payment plan?*	Yes No
If no, please explain: _____	
Monthly Payment Plan Amount*: \$ _____	

Banking Information

* INDICATES A REQUIRED FIELD

Name of Financial Institution*: _____

Bank Contact Name*: _____ Phone*: (____) _____ Email*: _____

Branch Location*: _____ How Long With This Bank*: _____

Types of Accounts*: Checking Savings Others: _____

Dates Opened*: Checking (xx/xx/xx): _____ Savings (xx/xx/xx): _____

\$ Amount in Account*: Checking \$: _____ Savings \$: _____

Do you have any outstanding loans and/or advances?* Yes No

If yes, please list loan amount, balance & terms: Loan Amount: \$ _____ Current Balance: \$ _____

Terms: _____

3 Largest Accounts You Expect To Factor

* INDICATES A REQUIRED FIELD

YOUR CUSTOMERS WILL NOT BE CONTACTED AT THIS TIME

CUSTOMER #1

Company Name*: _____ Contact Name*: _____

Address*: _____ City*: _____ State*: _____ Zip*: _____

Phone*: (____) _____ Email*: _____ Website*: _____

Payment Terms*: _____ Current Balance*: _____

% of Monthly Sales*: _____% Facility Amount Requested*: \$ _____

CUSTOMER #2

Company Name*: _____ Contact Name*: _____

Address*: _____ City*: _____ State*: _____ Zip*: _____

Phone*: (____) _____ Email*: _____ Website*: _____

Payment Terms*: _____ Current Balance*: _____

% of Monthly Sales*: _____% Facility Amount Requested*: \$ _____

CUSTOMER #3

Company Name*: _____ Contact Name*: _____

Address*: _____ City*: _____ State*: _____ Zip*: _____

Phone*: (____) _____ Email*: _____ Website*: _____

Payment Terms*: _____ Current Balance*: _____

% of Monthly Sales*: _____% Facility Amount Requested*: \$ _____

Professional Services Information

Company Attorney: _____ Email: _____ Phone:(____) _____

Attorney Address: _____ City: _____ State: _____ Zip: _____

Company Accountant: _____ Email: _____ Phone:(____) _____

Accountant Address: _____ City: _____ State: _____ Zip: _____

Please Attach The Following Required Documentation

INDICATES A REQUIRED FIELD

*Copies of Articles of Incorporation, Partnership Agreement, Articles of Organization, By-laws, or Operating Agreement.

*Current detailed listing and aged summary for Accounts Receivable and Accounts Payable. Detail listing to include all customer names, addresses and phone numbers.

*Copy of Driver's License for All Owners.

Statement of Accuracy

The statements made in and documents attached to this application are true and accurate to the best of my/our knowledge and belief.

Authorization to Obtain Information

I/We authorize Dale Capital Group to obtain whatever information regarding employment, bank accounts, and/or outstanding credit (mortgage, auto, personal, home improvement, credit cards, etc.) that Dale Capital Group deems necessary in connection with this application or in the course of review or collection of any credit extended in reliance on this application. I/We authorize and instruct any consumer credit agency, commercial credit reporting agency, business or person to compile and furnish Dale Capital Group any such information regarding us or our business(es) as may be requested by Dale Capital Group and agree that such information, along with this application shall remain Dale Capital Group property whether or not the application is approved.

This authorization will be valid for a period of two years from the date below or as long as applicant has an outstanding balance with Dale Capital Group. A photocopy of the authorization will be as valid as the original. You authorize Dale Capital Group to verify or check any information given, including credit references and to obtain credit bureau reports as Dale Capital Group deems necessary.

*SIGNATURE: _____

*DATE: _____

*SIGNATURE: _____

*DATE: _____

For Faster Funding Please Provide The Following

Financials including Profit & Loss, Balance Sheet, and Cash Flow for the prior 2 years and YTD Current.

Business Tax Returns (last 2 years, Form 1065 LLC, Individual 1040, Corporate Form 1120).

Business Bank Statements for all accounts (last 3 months).

Copy of Invoices to be factored plus supporting documentation (i.e. customer acceptance, delivery confirmation).

Copy of Signed Contract Corresponding with Invoice to be factored.

Proof of Insurance (Liability, Workers Compensation).

Sample invoice with backup documentation (i.e. proof of delivery, time sheets or performance proof).

Previous four Federal Payroll Tax Filings (Form 941 & 940) if applicable.