



Highland Support

Client Information

Legal Company Name: _____
DBA Name (If applicable): _____
Address: _____ City: _____ State: _____ Zip: _____
Office Phone #: _____ Cell: _____ Fax: _____
Contact: _____ Title: _____ Email: _____
Does Company: ___ Own ___ Rent Monthly Rental or Mortgage Payments: \$ _____
Company Structure: ___ Corporation ___ LLC ___ Partnership ___ Sole Proprietor Other _____
Date Est: _____ State of Incorporation: _____ Date of Incorporation: _____
Employer Identification #: _____
Describe your business/service provided: _____

Does company or its owners have current or recent: (Check all that apply and attach details separately) ___ Judgments ___ Lawsuits ___ Liens ___ Back taxes ___ Bankruptcy ___ N/A
Balance Owed: \$ ___ Are receivables pledged as collateral? ___ Yes ___ No Are payroll taxes current? ___ Yes ___ No Are federal taxes current? ___ Yes ___ No Do you have any outstanding loans? ___ Yes ___ No
If Yes, Name of Lender: _____ Loan Balance: \$ _____
Purpose of Loan: _____ How did you find out about Flash Funding? _____

RECEIVABLES INFORMATION

How do customers place orders? ___ Email ___ PO's ___ Releases Other _____
Normal Terms of Sale: ___ Due Upon Receipt ___ Net 30 ___ Net 60 – 90 Other: _____
of Active Customers: _____ Average Invoice Amount: \$ _____
of Invoices per Month: _____
What is the gross dollar amount of invoices that you intend to factor each month \$ _____
Have you ever factored before? ___ Yes ___ No If so, with whom? _____

PRINCIPALS OF COMPANY

Name 1: _____ Title: _____
% of Ownership: _____ Home Address: _____
City: _____ State: _____ Zip: _____ Cell Phone: _____
Email: _____ DOB: _____ SS#: _____
Driver License #: _____ State: _____

Name 2: _____ Title: _____
% of Ownership: _____ Home Address: _____
City: _____ State: _____ Zip: _____ Cell Phone: _____
Email: _____ DOB: _____ SS#: _____
Driver License #: _____ State: _____

BANK REFERENCES

Name of Institution: _____
Address: _____ City: _____ State: _____
Zip: _____ Phone #: _____ Contact: _____

Name of Institution: _____
Address: _____ City: _____ State: _____
Zip: _____ Phone #: _____ Contact: _____

- Accountant: Name: _____ Phone #: _____
Fax #: _____ Email: _____
- Attorney: Name: _____ Phone #: _____
Fax #: _____ Email: _____
- Insurance Name: _____ Phone #: _____
- Agent: Fax #: _____ Email: _____

PRINCIPAL CUSTOMER INFORMATION

List the largest customers you wish to factor. Customers will not be initially contacted.

Monthly Sales / Average Invoice/ Name/ City & State/ Phone

\$ _____ / _____ / _____ / _____ / _____
\$ _____ / _____ / _____ / _____ / _____
\$ _____ / _____ / _____ / _____ / _____

Please include copies of requested documents from the attached Checklist. I understand that the Application information will be reviewed to determine if a relationship between Applicant and Flash Funding, LLC would be mutually beneficial. The foregoing information is true and correct to the best of my knowledge, and I authorize Flash Funding, LLC to investigate this information, including any and all credit report information.

SIGNATURE 1: _____ DATE: _____
PRINT NAME: _____ TITLE: _____
SIGNATURE 2: _____ DATE: _____
PRINT NAME: _____ TITLE: _____

Contact Information

After completion please call and email application to:

Dalyce Almeida - 805 940 3204 - highlandspprt@gmail.com

