

[Integrated Factoring.com](http://IntegratedFactoring.com)

Factoring Application

Send to: info@IntLogistics.com

Questions: 585-742-9030

Company Legal Name:				Federal I.D. #:			
Address:		City:		State:		Zip:	
DOT #:	Tel:		Fax:		Contact:		Title:
Time in Business Under Current Ownership: Yrs.			Company Is: <input type="checkbox"/> Corp. <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Prop. <input type="checkbox"/> Non-Profit Corp.				
Number of Trucks:			MC #:				
Freight Primarily Carried:				Email Address:			

INFORMATION ON THE OFFICERS, OWNERS, OR PARTNERS *(please use an attachment if there are more than two)*

Name:	Title:	SS#: -- --	Ownership %:	
Home Address:	City:	State:	Zip:	Tel:
Name:	Title:	SS#: -- --	Ownership %:	
Home Address:	City:	State:	Zip:	Tel:

Factoring History:

Do You Have a Current Factoring Company? Yes No

Name of Current Factoring Company:

Any Current or Past Uniform Commercial Code Filings (UCC-1)?

Yes No (please check)

Name of your Insurance Agent: _____ Phone: _____

Which Funding Options Do You Plan On Utilizing?

Please check an option below for how you would like to be funded.

ACH (Deposit into a Business Account) **Fuel Card** (Same day funding/fuel discounts available)

Please complete and sign below Credit Release Authorization

I hereby authorize our banks, trade references, reporting agencies and financial institutions to release credit information to Finger Lakes Logistics, Inc. dba Integrated Logistics and its affiliated companies.

x _____ Title: _____ Date: _____
Applicant's Signature

x _____ Title: _____ Date: _____
Applicant's Signature

New Customer Check List

- Clear Copy of the Driver's License of every Owner
- Certificate of Insurance
- Articles of Incorporation/ LLC Formation (If Incorporated or LLC)
- A Copy of a Voided Check & completed W9 Form

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