Teton Capital
Factoring Credit Application

Name/Address

Last:	First:	Middle Initial:	Title
Name of Business:			Tax I.D. Number
Address:			
City:	State:	ZIP:	Phone:

Company Information

Type of Business:			In Business Since:	
Legal Form Under Which Business Operates:	Corporation ✔		Partnership ☐	Proprietorship ☐
If Division/Subsidiary, Name of Parent Company:			In Business Since:	
Name of Company Principal Responsible for Business Transactions:			Title:	
Address:	City:	State:	ZIP:	Phone:

Bank References & Business References

Institution Name:	Business Reference	Business Reference
Checking Account #:	Company Name: Name Of Person: Title:	Company Name: Name Of Person: Title:
Address:	Address:	Address:
Phone:	Phone:	Phone:

Companies You Are Interested In Factoring Invoices From

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Account Opened Since:	Account Opened Since:	Account Opened Since:
Monthly Revenue With Company:	Monthly Revenue With Company:	Monthly Revenue With Company:
Current AR Balance With Company:	Current AR Balance With Company:	Current AR Balance With Company:

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

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Signature *Date* *Signature* *Date*