



**PARTNERS FUNDING, INC.**  
*Partnering for Your Success*

# APPLICATION

Full Legal Name of Individual or Business \_\_\_\_\_

Trade Names & DBA's \_\_\_\_\_

Associated Businesses & Prior Business Names: \_\_\_\_\_

Contact Person & Title: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Addresses: \_\_\_\_\_ Email: \_\_\_\_\_

Physical: \_\_\_\_\_ City: \_\_\_\_\_ State & County: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing: \_\_\_\_\_ City: \_\_\_\_\_ State & County: \_\_\_\_\_ Zip: \_\_\_\_\_

Previous and/or Branch Location Addresses: \_\_\_\_\_

Type of Organization:

C Corporation  S Corporation  Partnership  LLC  Sole Proprietor  Other  EIN #: \_\_\_\_\_

State & Date of Incorporation: \_\_\_\_\_ Years in business: \_\_\_\_\_

## ACCOUNTS RECEIVABLES

Check all those that apply:

Bank Loans  Bankruptcy  Federal Tax Liens  State Tax Liens

UCC Liens  Lawsuits  Judgments  Liens  Other  None Apply

Please explain, in detail, loans, bankruptcy, liens, lawsuits, judgments, etc. \_\_\_\_\_

Current Receivable Balances: 1-30 days old: \_\_\_\_\_ 31-60 days: \_\_\_\_\_ 61-90 days: \_\_\_\_\_

Total Account Receivables: \_\_\_\_\_ Projected revenue this year: \_\_\_\_\_

Describe any growth plans: \_\_\_\_\_

Amount you intend to factor per month: \_\_\_\_\_ # of invoices generated weekly: \_\_\_\_\_

How soon do you need to start factoring? \_\_\_\_\_

Have you ever factored receivables?  Yes  No If yes, with whom? \_\_\_\_\_

Do you currently factor receivables?  Yes  No If yes, with whom? \_\_\_\_\_

How did you hear of Partners Funding, Inc.? \_\_\_\_\_

## BUSINESS OPERATIONS

Description of Business: \_\_\_\_\_

What will additional cash flow be used for? \_\_\_\_\_

Please explain unusual financial statement items, if any (ie: bad debt write-offs, minority interests, significant asset or liability changes, officer loans, tax issues, affiliated company loans, restructuring of debt, etc)? \_\_\_\_\_

Please explain financial statement losses, if any? \_\_\_\_\_

Insurance Agency & Agent: \_\_\_\_\_ Phone: \_\_\_\_\_

Bank Name & Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Accountant: \_\_\_\_\_ Firm: \_\_\_\_\_ Phone: \_\_\_\_\_

Attorney: \_\_\_\_\_ Firm: \_\_\_\_\_ Phone: \_\_\_\_\_

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**REQUIRED DOCUMENTATION**

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1. Articles of incorporation/formation stamped by the state/county
2. IRS federal tax returns for previous 2 years or \*\*IRS Form SS-4  
\*\* For companies under 1 year of age
3. Current Financial Statement
4. Current Aging Report
5. Current driver's license & 2nd form of ID (US/foreign passport, US Military card, Social Security card or birth certificate) for each owner/officer
6. Sample Invoice
7. Voided check and/or bank wire instructions in company name

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**OWNERSHIP: PLEASE ACCOUNT FOR 100% OF OWNERSHIP**

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Owners Full Name & Title	Home Address, City, State, Zip	Home Phone	SS#	DOB	%

**AUTHORIZATION TO PARTNERS FUNDING, INC.**

The information in this application and all accompanying information is true and correct to the best of my knowledge and belief. I hereby irrevocable authorize Partners Funding, Inc. or its agents to contact the references contained herein, to conduct necessary searches (including, but not limited to Verified Credentials) and due diligence, as may be required for approval of this application, including a credit report, and to authenticated in the name of Carrier, and file against Carrier in favor of Partners Funding, any documents necessary to perfect a security interest in collateral including, but not limited to, the filing of a UCC-1 Financing Statement or UCC-3 Amendment.

Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Print Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Print Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Print Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE FAX WITH REQUIRED DOCUMENTS TO 507-235-6688**

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