

PARTNERS FUNDING, Inc.

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 Addresses (If less than 6 Months at Current): _____

Type of Organization:

Corporation Partnership Individual LLC Other _____ Ein#: _____

Date of Incorporation: _____ State of Incorporation: _____ Years in business: _____

Insurance Agency Name: _____ Agent: _____ Phone: _____

Does your cargo insurance cover driver error? _____

Bank Name: _____ Contact: _____ Phone: _____

BUSINESS OPERATIONS

USDOT #: _____ MC #: _____ State #: _____ CDL # & State: _____

Authority: Common Contract Broker Other (details) _____

of trucks operating under your authority: _____ # of trailers operating under your authority: _____

of trucks you own: _____ # of trailers you own: _____

Trucks/Owner Operators You Expect to Add in Next 6 Months: _____ Typical Load Size: LTL TL

Types of Commodities Hauled: Dry Refrig Produce Haz Other (details) _____

How do you obtain loads? _____ Do you drive regularly yourself? Yes No

Do you broker loads you can't handle? Yes What % _____ No

Do you have a Fuel Card account? Yes No Would you like one? Yes No

How did you hear about Partners Funding? _____

ACCOUNTS RECEIVABLES

Check all those that apply:

Bank Loans Bankruptcy & Date Filed _____ Tax Liens & Type of taxes owed _____

Lawsuits Liens Judgements Other _____ None Apply

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? _____

Can you supply an ORIGINAL Bill of Lading, Proof of Delivery, and Rate Confirmation for Each invoice? Yes No

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

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

THE FOLLOWING DOCUMENTS MUST BE INCLUDED WHEN SUBMITTING THIS USER APPLICATION!!

- 1. Articles of incorporation/ formation stamped by the state/county**
- 2. IRS federal tax returns Schedule K for previous 2 years or **IRS Form SS-4**
**For companies under 1 year of age
- 3. Federal (MC# Permit) or intrastate operating authority**
- 4. Current insurance certificate and insured equipment list**
- 5. Driver's license & social security card for each owner/officer**
- 7. Voided check and/or bank wire instructions in the company name**

OWNERSHIP: PLEASE ACCOUNT FOR 100% OF OWNERSHIP

Owners Full Name & Title	Home Address, City, State, Zip	Home Phone	SS#	Date of Birth	%

The information in this application and all accompanying information is true and correct to the best of my knowledge and belief. I hereby irrevocably authorize Partners Funding, Inc. or its agents to contact the references contained herein, to conduct necessary searches (including, but not limited to Verified Credentials, IRP (prorate) account information together with any and all insurance information) and due diligence, as may be required for approval of this application, including a credit report, and to authenticate 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.

ALL OWNERS OF THE BUSINESS MUST SIGN THEIR FIRST, MIDDLE, AND LAST NAMES BELOW

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

923 N. State Street, Suite 120 • Fairmont, MN 56031 • Ph: 507-235-3456 Fax: 507-235-6688