



**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 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. 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. 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