

PARTNERS FUNDING, Inc.

User 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: _____

Insurance Agency Name: _____ Phone: _____

Bank Name: _____ Contact: _____ Phone: _____

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: _____

REQUIRED DOCUMENTATION

1. **Articles of incorporation**
 2. **Federal tax returns for previous 2 years and/or SS-4**
 3. **Current Financial Statement**
 4. **Current Aging Report**
 5. **Copy of the driver's license for each owner/officer**
 6. **Sample invoice**
 7. **Voided check and/or bank wire instructions - DEPOSIT SLIPS ARE NOT ACCEPTABLE.**
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OWNERSHIP: PLEASE ACCOUNT FOR 100% OF OWNERSHIP

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

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