



Office: (704) 243-8351
 Fax: (980) 552-9003

FACTORING APPLICATION

Business Name				Federal Tax ID Number	
Street Address		City	State	Zip	Date Established
Phone	Cell	Fax		MC#	USDOT#
Email				How did you hear about us?	
Average Monthly Sales \$	Open Accounts Receivable \$	Average Invoice Size \$	Type of Freight Hauled		Total Number of Tractors
Carrier Authority (check all that apply) <input type="checkbox"/> Common <input type="checkbox"/> Contract <input type="checkbox"/> Brokerage <input type="checkbox"/> Other:		Company Operated out of <input type="checkbox"/> Commercial Office Space <input type="checkbox"/> Home Based		Type of Business <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership	
Pending Liens/Judgments? <input type="checkbox"/> No <input type="checkbox"/> Yes - With whom?		Current on all Taxes? <input type="checkbox"/> No <input type="checkbox"/> Yes - Explain if Not:		Ever File Bankruptcy? <input type="checkbox"/> No <input type="checkbox"/> Yes - Date of Filing:	
Have you ever been convicted of a Felony? <input type="checkbox"/> No <input type="checkbox"/> Yes - Explain:			You or any principal currently Factoring? <input type="checkbox"/> No <input type="checkbox"/> Yes - With whom?		

BANK INFORMATION

Bank Name		Phone	Contact Person
Account Number		Routing	

IMPORTANT INFORMATION

I/We acknowledge that the submission of this factoring application to 18 Wheel Funding LLC or any affiliated company does not constitute that we will approve application nor provide any type of financial services, whatsoever. I/We also hereby acknowledge that approval of this application may only be valid after the invoices and customers offered are approved in accordance with the terms and conditions of 18 Wheel Funding LLC's executed Factoring and Security Agreement.

(By signing below, I certify that I am either: (a) the owner of the company or, (b) an officer of the Corporation and authorized to provide the information listed for the purpose(s) specified.) I/We hereby certify that all information provided in this application is true and correct and is given to induce 18 Wheel Funding LLC or its assigns to consider entering into a factoring relationship with the applicant(s) at their sole and absolute discretion. I/We hereby authorize 18 Wheel Funding LLC or its assigns to verify and investigate at any time the information provided herein including obtaining a consumer credit report on all owners or guarantors and any other reports necessary to determine company's eligibility to participate in our program.

X Signature _____ Title _____ Date _____

OWNER/OFFICERS

Full Legal Name of Owner or Officer #1		Position	Ownership Percent %	
Home Address		City	State	Zip
Cell Phone	Home Phone	Date of Birth		Social Security Number
Signature			Date Signed	
Full Legal Name of Owner or Officer #2		Position	Ownership Percent %	
Home Address		City	State	Zip
Cell Phone	Home Phone	Date of Birth		Social Security Number
Signature			Date Signed	

*Please complete and send the following documents:

<p>email to: info@18wheelfunding.com</p> <p>or fax to: (980) 552-9003</p>	<ul style="list-style-type: none"> • Articles of Incorporation or Organization • Legible Copy of Operating Authority • Legible Copy of Insurance Certificate • Legible Copy of Voided Company Check • Executed W-9 Form • Legible Copy of Driver's License for Owner or Officers
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