

Office: (704) 243-8351

Dualmana Mara				FACTORI	NG APP	LICATION				Number
Business Name								Fede	ral Tax ID	Number
Street Address				City		te	Zip	Date	Date Established	
Phone Cell						MC#			USDOT#	
Email								How	did you he	ear about us?
Average Monthly Sales	Open Ac	counts Receiva	able	Average Invo	oice Size	Type of Frei	ght Hauled		Total N	umber of Tractors
\$	\$			\$						
Carrier Authority (check a	all that apply	1)	Con	npany Operated	d out of		Type of Bus	iness		
			□c	Commercial Office Space 🗆 Home Based			□ Sole Proprietor □ Corporation □ LLC □ Partners			
Pending Liens/Judgments?				Current on all Taxes?				Ever File Bankruptcy?		
□ No □ Yes - With whom	n?			□No □Yes-	Explain if	Not:		□ No □] Yes - Dat	e of Filing:
Have you ever been conv	icted of a Fe	elony?			You	or any princip	al currently Fa	ctoring?		
□ No □ Yes - Explain:						lo 🛛 Yes - Wit	h whom?			
				BANK	INFORM	ATION				
Bank Name				Phone					Contact Person	
Account Number					Ro	uting				
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email to: info@18wheelfunding.com or fax to: (980) 552-9003

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