



Please type or print clearly. Please fax completed application to 435-688-9323 or email to support@freightfinance.com.

**1 COMPANY INFORMATION**

Business Name \_\_\_\_\_ Contact Name \_\_\_\_\_  
Dba Name (if different) \_\_\_\_\_ Phone \_\_\_\_\_  
Street Address \_\_\_\_\_ Cell \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Fax \_\_\_\_\_  
Mailing Address (if different) \_\_\_\_\_ County \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Federal EIN \_\_\_\_\_  
Email \_\_\_\_\_ Web Address \_\_\_\_\_ No. of Employees \_\_\_\_\_  
Legal Status/Structure  Corporation  LLC  Partnership  Sole Proprietorship  Other \_\_\_\_\_  
Date/State Business Established (Date \_\_\_\_\_ /State \_\_\_\_\_ ) Dun & Bradstreet No. \_\_\_\_\_  
Description of Business \_\_\_\_\_

**2 OWNERS, OFFICERS AND/OR PARTNERS**

If there are more than two owners, officers or partners, please attach the additional information to this application on a separate sheet of paper

Name \_\_\_\_\_ Title \_\_\_\_\_ % Owned \_\_\_\_\_ Driver's License #/State # \_\_\_\_\_ /St. \_\_\_\_\_  
Home Street Address \_\_\_\_\_  Own  Rent  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_  
Email \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_  
Name \_\_\_\_\_ Title \_\_\_\_\_ % Owned \_\_\_\_\_ Driver's License #/State # \_\_\_\_\_ /St. \_\_\_\_\_  
Home Street Address \_\_\_\_\_  Own  Rent  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_  
Email \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

**3 BUSINESS BANKING INFORMATION**

Name of Bank \_\_\_\_\_ Bank Officer \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Fax \_\_\_\_\_  
Checking Account # \_\_\_\_\_ ABA Routing # \_\_\_\_\_ Date Opened \_\_\_\_\_

**4 TRADE REFERENCES**

Supplier Name \_\_\_\_\_ Contact \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Fax \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Account # \_\_\_\_\_  
Supplier Name \_\_\_\_\_ Contact \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Fax \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Account # \_\_\_\_\_

**5 FINANCIAL INFORMATION**

Has your company ever filed for bankruptcy, or are you currently operating under bankruptcy proceedings?  Yes  No If yes, please attach an explanation on a separate sheet of paper giving an explanation including the type of filing, date filed, and where filed.

Federal or State Taxes Past Due?  Yes  No If yes, Type/Amount \_\_\_\_\_ /\$ \_\_\_\_\_ Tax Lien Filed?  Yes  No  
If you have more than one tax lien, please attach a separate sheet giving the details of the additional tax liens.

Has your company ever sold, factored, or pledged its receivables?  Yes  No If yes, with whom? \_\_\_\_\_

What are your average monthly sales? \$ \_\_\_\_\_ Anticipated monthly factoring volume \$ \_\_\_\_\_

Current Outstanding Receivables \$ \_\_\_\_\_ Average Invoice Amount \$ \_\_\_\_\_

What are your standard invoice terms?  Net 15 Days  Net 30 Days  Net 45 Days  Other \_\_\_\_\_

Do you have any commercial loans outstanding?  Yes  No If yes, provide lender name \_\_\_\_\_

**6 TRUCKING AUTHORITY**

MC # \_\_\_\_\_ US DOT # \_\_\_\_\_ Authority Type  Common  Contract

Do you have broker authority?  Yes  No If yes, what is your broker MC #? \_\_\_\_\_

If you have broker authority, do you intend to factor brokered loads?  Yes  No

Have you ever done business under any other name?  Yes  No If yes, provide the name and address where you operated \_\_\_\_\_

Have you ever operated under any other MC or US DOT numbers?  Yes  No If yes, provide the MC and/or US DOT number(s) \_\_\_\_\_

**7 MISCELLANEOUS INFORMATION**

Has there been a change of ownership in the past two years?  Yes  No If yes, please explain on a separate sheet

Does your company own or rent its business location?  Own  Lease If you lease, please provide the following information:

Name of Landlord and/or Management Company \_\_\_\_\_ Phone \_\_\_\_\_

Period of Present Lease \_\_\_\_\_ How Long at Current Location \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_

How did you find out about Freight Finance? \_\_\_\_\_

**8 SUPPORT INFORMATION CHECKLIST**

For your application to be complete, please submit the following items with this application:

- Copy of Owner(s)/Applicant(s)' Driver's License(s)
- Copy of your operating authority with MC#
- Certificate of insurance - Freight Finance as certificate holder
- Last 2 (two) years tax returns
- Customer List with Addresses
- Proof of Bonding, if applicable
- A completed W-9 Form
- Copy of a blank, voided check
- Copy of 941s (last four quarters) with proof of payment
- Accounts Receivable Aging

**9 SIGNATURE & AUTHORIZATION**

I/we hereby certify that the information supplied in the Application and all forms and documents submitted to Freight Finance herewith is true, correct and complete to the best of my/our knowledge and belief. I/we understand that the submission of this application indicates my/our intention to enter into a Security Agreement with Freight Finance but does not obligate Freight Finance to factor/finance or provide and financial services whatsoever. This serves as my authorization for the release of any information to Freight Finance regarding this application for the purpose of credit investigation. I hereby authorize Freight Finance to investigate the credit of all parties listed above. I also herein authorize Freight Finance to contact our customers to verify any invoices submitted for factoring. I/we also authorize any financial institutions, trade references, and other vendors to release necessary information to Freight Finance in order to verify the information contained herein.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Name and Title: \_\_\_\_\_