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WB

COMPANY ENROLLMENT INFORMATION APPLICATION

Business Name		*Federal Tax ID Number*
Street Address		*Date Established*
City *State* *Zip*		*MC Number*
Phone	*Type of Business:* ☐ Sole Proprietor ☐ Corporation -- ☐ LLC ☐ Partnership	
Fax	*Carrier Authority (check all that apply):* ☐ Common ☐ Contract	
Email	☐ Brokerage ☐ Other	
Average Monthly Sales $	*Open Accounts Receivable* $	*Average Invoice Size* $

Have you or any Principal ever factored invoices or receivables? Yes No With whom? _____

Are you or any Principal currently in a factoring relationship? Yes No Explain: _____

Pending liens/judgments? ☐ Yes ☐ No *(If Yes, explain)*	*Current on all taxes?* ☐ Yes ☐ No *(If No, explain)*	*Ever file bankruptcy?* ☐ Yes ☐ No *(If Yes, date)*

OWNERS/OFFICERS - IMPORTANT INFORMATION

I or we hereby certify that all information provided on this Application is true and correct to the best of my/our knowledge and is given to induce Company or its assigns to consider entering into a factoring relationship with the applicant/s at their sole and absolute discretion. I or we do hereby authorize Company or its assigns to verify and investigate at any time the information provided herein including obtaining a consumer credit report and other reports necessary for determining the Company's acceptance into the program.

OWNERSHIP: PLEASE ACCOUNT FOR 100%

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

*Please complete and fax back to **800-793-6105** along with a copy of your authority, insurance, and legible copy of the driver's licenses of the principals.