



101 Executive Circle
Daytona Beach, FL 32114

Phone: 877-784-3433
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CONFIDENTIAL APPLICATION TO FACTOR ACCOUNTS RECEIVABLE

BUSINESS INFORMATION

Business Legal Name			Federal Tax ID#	
Trade Name or DBA Name (if any)			Years in Business	
Primary Contact Name	Phone Number	Cell Phone Number	Fax Number	
Registered Company Address		Alternate Address (PO Box etc)		
City	State	Zip Code		
Name of President or CEO	Title	Years With Company		
Type of Business (Check One) <input type="checkbox"/> Corporation (Circle Type): S C <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor				Date Established
Current on All Taxes? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Explain:	Ever Filed Bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Date:		Any Liens/Judgments? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Explain:	
Number Trucks Owned	Number Trucks Leased		Number Owner Operators Leased On	
Number Flatbed Trailers	Number Dry Vans		Number Reefers or Others	

BANKING INFORMATION

Name of Bank	Account Number	Phone Number
Branch Office	Contact/Officer	Fax Number

BUSINESS & CREDIT REFERENCES

(1) Lender/Credit Reference	Account Number	Phone Number
Reference Description	Contact/Officer	Fax Number
(2) Lender/Credit Reference	Account Number	Phone Number
Reference Description	Contact/Officer	Fax Number

ACCOUNTS RECEIVABLE SUMMARY

Average Monthly Sales	Open A/R Balance	Average Invoice Amount	Average Number Invoices	Number Active Customers
Do You Currently Finance/Factor Your Receivables? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Company Contact		Phone Number		
Do You Currently Have a Bank Line of Credit? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Bank Contact		Phone Number		
How Frequently Are Invoices Generated?	Can You Submit Signed BOL/POD With Invoice? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Explain Why Not			
List Top 5 Customers With Monthly Dollar Amount of Invoices	Customer 1 Name/Amount	Customer 2 Name/Amount		
Customer 3 Name/Amount	Customer 4 Name/Amount	Customer 5 Name/Amount		

PRINCIPAL SUMMARY (OWNER'S INFORMATION)

THIS APPLICATION AUTHORIZES FORTIFIED FINANCIAL SERVICES TO VERIFY WITH THIRD PARTIES IN ANY MANNER IT DEEMS APPROPRIATE OUR COMPANY'S FINANCIAL CONDITION, CREDIT HISTORY, ASSETS, AND ANY OTHER ITEMS INDICATED ON THIS APPLICATION OR OTHER STATEMENTS PROVIDED TO FORTIFIED FINANCIAL SERVICES BY OUR ORGANIZATION, ITS OFFICERS, DIRECTORS, OR PRINCIPALS. I/WE HEREBY IRREVOCABLY RELEASE AND HOLD HARMLESS FORTIFIED FINANCIAL SERVICES FROM ANY CLAIM OF ANY KIND RELATED TO OR ARISING OUT OF ANY SUCH INVESTIGATION.

AS PRINCIPAL OWNERS OF THE COMPANY WE FURTHER UNDERSTAND THAT THE FINANCIAL INVESTIGATION FFS WILL CONDUCT MAY INCLUDE BUT NOT NECESSARILY BE LIMITED TO INFORMATION REGARDING BUSINESS AFFILIATIONS, BACKGROUND VERIFICATION, VERIFICATION OF EDUCATION AND CERTIFICATIONS, CIVIL AND CRIMINAL LITIGATION HISTORIES, JUDGEMENTS, TAX LIENS, BANKRUPTCIES, AND OTHER POSSIBLE PUBLIC RECORDS INFORMATION AVAILABLE. I/WE HEREBY AUTHORIZE, WITHOUT RESERVATION, ANY LAW ENFORCEMENT AGENCY, ADMINISTRATOR, STATE AGENCY, INSTITUTION, INFORMATION SERVICE BUREAU, PAST OR CURRENT EMPLOYERS, OR OTHER PUBLIC RECORDS PROVIDER CONTACTED BY FORTIFIED FINANCIAL SERVICES, ITS DESIGNEES, REPRESENTATIVES, CONTRACTORS, AGENTS, OR ASSIGNS, TO FURNISH THE AFOREMENTIONED INFORMATION. I/WE FURTHER ACKNOWLEDGE THAT TELEPHONIC FACSIMILIE (FAX) OR PHOTOGRAPHIC COPY SHALL BE AS VALID AS THE ORIGINAL. THIS RELEASE INCLUDES ALL STATE AND FEDERAL AGENCIES. ACCORDING TO THE FAIR CREDIT REPORTING ACT, I AM ENTITLED TO KNOW IF CREDIT IS DENIED BECAUSE OF INFORMATION OBTAINED BY YOU FROM ANY CONSUMER REPORTING AGENCY. IF SO, I WILL BE SO ADVISED AND BE GIVEN THE NAME OF THE AGENCY OR SOURCE OF INFORMATION.

WE FURTHER ACKNOWLEDGE AND UNDERSTAND THAT THE SUBMISSION OF AN APPLICATION FOR FACTORING DOES NOT MEAN THAT FORTIFIED FINANCIAL SERVICES WILL FACTOR/FINANCE OR PROVIDE ANY FINANCIAL SERVICES WHATSOEVER. APPROVAL FOR ANY FINANCIAL SERVICES MAY COME ONLY AFTER THE APPLICATION AND THE INVOICES/ACCOUNTS OFFERED ARE APPROVED IN ACCORDANCE WITH THE TERMS OF THE FACTORING CONTRACT. SHOULD OUR APPLICATION BE ACCEPTED, WE HEREBY AUTHORIZE FORTIFIED FINANCIAL SERVICES TO FILE AN APPROPRIATE UCC-1 FINANCING STATEMENT WITH OUR COMPANY'S ACCOUNTS RECEIVABLE AND RELATED ITEMS AS COLLATERAL.

WE FURTHER CERTIFY THAT THE STATEMENTS WITHIN THIS APPLICATION ARE TRUE AND ACCURATE TO THE BEST OF OUR INFORMATION AND BELIEF AND AFFIX OUR INDIVIDUAL SIGNATURES BELOW ACCORDINGLY.

Full Legal Name	Position	Social Security Number
Home Address	Date Of Birth	Ownership Percentage
City State Zip Code	Home Phone Number	Cell Phone Number
Ever Filed Personal Bankruptcy <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Date	Signature	Date

Full Legal Name	Position	Social Security Number
Home Address	Date Of Birth	Ownership Percentage
City State Zip Code	Home Phone Number	Cell Phone Number
Ever Filed Personal Bankruptcy <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Date	Signature	Date

Full Legal Name	Position	Social Security Number
Home Address	Date Of Birth	Ownership Percentage
City State Zip Code	Home Phone Number	Cell Phone Number
Ever Filed Personal Bankruptcy <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Date	Signature	Date

ADDITIONAL INFORMATION REQUIRED - FAX TO 321-978-0236

CUSTOMER LIST WITH ADDRESS/PHONE NO	MOST RECENT ACCOUNTS RECEIVABLE AGING REPORT	MOST RECENT ACCOUNTS PAYABLE AGING REPORT
FEDERAL TAX RETURN FOR LAST TWO FISCAL YEARS	MOST RECENT BALANCE SHEET AND PROFIT/LOSS STATEMENT	PERSONAL FINANCIAL STATEMENT ON GUARANTOR'S (PRINCIPALS OF COMPANY)
ARTICLES OF INCORPORATION, ARTICLES OF ORGANIZATION, OR TRADE NAME FILING	MC OPERATING AUTHORITY CERTIFICATE FROM THE FMCSA	CERTIFICATES OF INSURANCE FOR CARGO & LIABILITY COVERAGE
IRS TAX ID# VERIFICATION DOCUMENT	COPY OF DRIVER'S LICENSE FOR EACH PRINCIPAL OWNER	COPY OF CURRENT UNIFIED CARRIER REGISTRATION (UCR FORM/RECEIPT)