

**APPLICATION FOR ACCOUNTS  
 RECEIVABLE PROGRAMS**

**BUSINESS INFORMATION**

- 1) Legal name of company (as shown on the Articles of Incorporation or Partnership Agreement) \_\_\_\_\_
- DBA or Trade Name \_\_\_\_\_
- Address \_\_\_\_\_
- City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_
- Office # \_\_\_\_\_ Fax # \_\_\_\_\_ Cell # \_\_\_\_\_
- Primary Contact Name \_\_\_\_\_ Email \_\_\_\_\_
- Website: \_\_\_\_\_
- 2) Check One: Corporation  LLC  Partnership  Sole Proprietorship  Other  \_\_\_\_\_
- 3) How many years in business? \_\_\_\_\_ Federal I.D. # \_\_\_\_\_
- 4) Describe your business \_\_\_\_\_

**ACCOUNTS RECEIVABLE INFORMATION**

- 5) Gross Sales (prior year) \$ \_\_\_\_\_ Gross Sales (current year projection) \$ \_\_\_\_\_
- 6) Gross Profit Margin (%) \_\_\_\_\_ Average Monthly Billing \$ \_\_\_\_\_
- 7) Average Invoice Amount \$ \_\_\_\_\_ Largest \$ \_\_\_\_\_ Smallest \$ \_\_\_\_\_
- 8) Are any of your receivables progress billings? (Do you bill in "as-completed" phases?) Yes  No
- 9) What is the gross amount (\$) of invoices you intend to factor each month? \$ \_\_\_\_\_

**LIST 3 LARGEST ACCOUNTS YOU EXPECT TO FACTOR** (Accounts will not be contacted at this time. The list is for evaluation purposes only)

Company Name	Monthly Sales (\$)	Terms	Address	Phone Number



**LOANS, TAXES, ADDITIONAL INFORMATION**

- 11) Do you have any outstanding loans? Yes [ ] No [ ] Are receivables pledged as collateral? Yes [ ] No [ ]
Name of Institution #1 \_\_\_\_\_ Loan Amount and Terms \_\_\_\_\_
Name of Institution #2 \_\_\_\_\_ Loan Amount and Terms \_\_\_\_\_
12) Are your payroll taxes current? Yes [ ] No [ ] Are your Federal / State taxes current? Yes [ ] No [ ] (If No, please list amounts owed: Federal taxes owed \$ \_\_\_\_\_ State taxes owed \$ \_\_\_\_\_
13) Any liens? Yes [ ] No [ ] Do you have a payment plan? Yes [ ] No [ ] Monthly Payment \$ \_\_\_\_\_
14) Are you currently involved in any type of litigation or lawsuit? Yes [ ] No [ ]
If yes, please describe \_\_\_\_\_
15) Company Attorney Name \_\_\_\_\_ Phone Number \_\_\_\_\_
16) Company CFO/CPA Name \_\_\_\_\_ Phone Number \_\_\_\_\_
17) Have you previously financed/factored your accounts receivable? Yes [ ] No [ ]
18) If yes, what is the name of the previous factoring company? \_\_\_\_\_
How did you hear about MDS Funding? Letter/Postcard [ ] Client/Customer Referral [ ] Internet [ ] Email [ ]
19) Referral Name \_\_\_\_\_ and Phone # \_\_\_\_\_

**REQUIRED DOCUMENTS**

- \*\*Include the following documents with this application:
[ ] Accounts Receivable Aging Report
[ ] Accounts Payable Aging Report
[ ] P&L Statement (current YTD)
[ ] P&L Statement (prior year)
[ ] Balance Sheet (current YTD)
[ ] Balance Sheet (prior year)
[ ] Business Bank Statements (past 3 months)
[ ] Certificate of Incorporation, LLC Agreement, or Partnership Agreement
[ ] Signed Contract or Purchase Order Agreement
[ ] Invoices to be Factored
[ ] Proof of Insurance (Liability, Workers Compensation)

The foregoing information is true and correct to the best of my knowledge and is given to MDS Funding, LLC to induce MDS Funding, LLC to consider entering into a factoring agreement with this company, or have this information assigned to another creditor. I/We have been expressly authorized to grant MDS Funding, LLC or its agents to verify and investigate any and all of the foregoing statements, including but not limited to my/our current credit worthiness and financial responsibility. I/We grant MDS Funding, LLC the right to procure any and all credit reports pertaining to any party affiliated with the corporate applicant, including all principals of the applicant company, to verify information that is needed in underwriting.

Prepared and Consented By:

Signature \_\_\_\_\_

EIN or SS # \_\_\_\_\_

Print Name \_\_\_\_\_

Ownership % \_\_\_\_\_

(President, Owner, or Authorized Agent)

Title \_\_\_\_\_

Date \_\_\_\_\_