



Phone (844)577-2550
 Fax (949)301-9699
 30100 Town Center dr #188
 Laguna Niguel, CA 92677
 factoring@vma4.com

Application For Factoring Services

Business Information

Company Name _____	Phone Number _____
Address _____	Fax Number _____
Address (2) _____	Email Address _____
City, State, Zip _____	Line of Business _____
	Website _____

Principal's or Owner's Personal / Home Information

Name _____	Name _____
Address _____	Address _____
City, State, Zip _____	City, State, Zip _____
SSN _____ Drivers Lic _____ DOB _____ % Ownership _____	SSN _____ Drivers Lic _____ DOB _____ % Ownership _____
Home Phone _____ Cell Phone _____	Home Phone _____ Cell Phone _____

Company Information

Entity Type Corporation LLC Sole Proprietor Partnership Year Established _____

Federal ID _____ Bank Name _____ Bank Contact _____

MC # _____ Insurance Co _____ Ins. Contact _____

Are you Factoring now or in the past? Y N If yes, with which company? _____

Are you currently under the protection of the US Bankruptcy Laws? Y N If yes, date filed _____

Do you have any past due taxes? Y N If yes, Amount \$ _____ Do you have an installment plan? Y N

Do you have a tax lien? Y N If yes to either, explain _____

Billing and Accounts Receivable

Amount of Open Invoices / Receivables \$ _____	Average Invoice Amount \$ _____
Average Monthly Billing / Sales \$ _____	Average # of Days to Get Paid _____ days
Number of Active Customers _____	Largest Customer Owes \$ _____

Signatures and Authorization

I hereby authorize the release of any information to Vehiles Mobile Applications 4, LLC or it's partners for the purpose of credit investigation of the company or myself. The above statements are true and accurate to the best of my knowledge.
 A facsimile copy of this document is acceptable as an original.

Signature X _____	Signature X _____
Print Name _____	Print Name _____
Date _____ Title _____	Date _____ Title _____

Please Also Provide

1. Copy of Drivers License
2. Articles of Incorporation
3. MC Number / Authority
4. Insurance Certificate / ACS as Cert. Holder
5. Tax Identification Number Certificate
6. Sample Invoice
7. List of Customers (to be factored)
8. Voided Check

Email form to: factoring@vma4.com or Fax to: (949) 301-9699 Please call (844) 577-2550 if you have any questions.

