

PO Funding & AR Factoring Application

Company & Ownership Information

Legal Name of Company: (as shown on the Articles of Incorporation or Partnership Agreement)				
Legal Form Under Which Business Operates: LLC <input type="radio"/> Corporation <input type="radio"/> Partnership <input type="radio"/> Proprietorship <input type="radio"/>				
Federal ID #:		State of Incorporation:		In Business Since:
10%+ Officers/Owners Name:		US Citizen?	DOB:	SS#
10%+ Officers/Owners Name:		US Citizen?	DOB:	SS#
Address:		City:	State:	Zip:
Main Phone #:	Cell:	E-mail:		
Describe your business & background:				
Average Monthly Billing:	Desired factoring amount:	What is your average invoice size?	Largest Invoice?	Smallest Invoice?
# of Employees:	Do you bill in Progress stages? Yes <input type="radio"/> No <input type="radio"/>		Any sales Bill & Hold? Yes <input type="radio"/> No <input type="radio"/>	

Customers (List your 3 largest) *Your customers will not be contacted at this time.*

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:
E-mail:	E-mail:	E-mail:
Payment Terms:	Payment Terms:	Payment Terms:
Current Balance:	Current Balance:	Current Balance:

Financial Information

Do you have any outstanding loans? Yes <input type="radio"/> No <input type="radio"/>		Is your inventory/receivables pledged as collateral? Yes <input type="radio"/> No <input type="radio"/>	
Name of Financial Institution(s):			
Loan Amount & Terms:			
Are your Federal, state & payroll taxes current? Yes <input type="radio"/> (if 'Yes', skip to the next section) No <input type="radio"/> (if 'No', answer the following:)			
What is the Federal balance owed: \$	State balance owed: \$		
Have any liens been placed? Yes <input type="radio"/> No <input type="radio"/>	Do you have a payment plan? Yes <input type="radio"/> No <input type="radio"/>	Monthly Payment (\$):	
Is the company, or any officer, involved in any type of litigation or lawsuit? Yes <input type="radio"/> No <input type="radio"/> if 'Yes', please describe:			
Company Attorney:		Phone number:	
Company Accountant:		Phone number:	
Have you previously Factored? Yes <input type="radio"/> No <input type="radio"/> If yes, with whom:			

Very Important. Please attach the following:

- > Invoice Aging > Accounts Payable Aging > Customer Contracts and/or Purchase Orders > Articles of Incorporation & Operating Agreement
- > Sample invoice with backup documentation (ie, proof of delivery, time sheets or performance reports) > 3 Months of Bank Statements

I attest that the statements in this application are true and correct to the best of my knowledge. I authorize Paragon Financial Group, Inc. to verify any or all of these statements in any way it may choose and the right to procure all credit reports of the principles of the applicant company.

Signature: _____ (Type in name if submitted electronically)

Type or print name _____

Title _____

Date _____

Please return to chris@paragonfinancial.net with the backup material listed above.

How did you hear about us?