

CLIENT INFORMATION

GENERAL

Legal Co. Name: _____ Date Establ: _____

Registered Trade Name (DBA if different) _____

Employer Identification Number (EIN) _____

Number of Employees: _____

Present Address: _____

City: _____ Zip: _____

County: _____

Phone: _____ Fax: _____

Contact: _____ Title: _____

Email: _____

Complete name of any and all affiliates, subsidiaries, divisions, holding or parent company:

Type of Company: Corp. _____ (S Corp or C Corp) _____ Partnership _____

Sole Proprietor _____ LLC _____ (S Corp, C Corp, Partnership) _____

State of Incorporation: _____ Date of Incorporation: _____

Outstanding Loans: Yes _____ No _____

Name of Institution: _____

Balance Due: _____

Are your Accounts Receivable pledged: Yes _____ No _____

Outstanding Taxes: _____ Lien Filed: Yes _____ No _____

Existing Judgments: _____ Existing Liens: _____

Bankruptcy Filed: Yes _____ No _____ If Yes When: _____

Has the Applicant or any Principles of the company ever been convicted of a Felony. Yes ___ No ___

If Yes, where? _____

PRINCIPALS OF COMPANY

Name & Title _____

Drivers License Number: _____ Social Security No: _____

Home Address: _____ Own ___ Rent ___

City, State, Zip _____

Home Telephone _____ Fax Number: _____

Date of Birth: _____ Percentage Owned: _____

Pager/Mobile: _____ E-Mail: _____

Spouse: _____

Drivers License Number: _____ Social Security No. _____

Name & Title _____

Drivers License Number: _____ Social Security No: _____

Home Address: _____ Own ___ Rent ___

City, State, Zip _____

Home Telephone _____ Fax Number: _____

Date of Birth: _____ Percentage Owned: _____

Pager/Mobile: _____ E-Mail: _____

Spouse: _____

Drivers License Number: _____ Social Security No: _____

Name & Title _____

Drivers License Number: _____ Social Security No: _____

Home Address: _____ Own ___ Rent ___

City, State, Zip _____

Home Telephone _____ Fax Number: _____

Date of Birth: _____ Percentage Owned: _____

Pager/Mobile: _____ E-Mail: _____

Spouse: _____

Drivers License Number: _____ Social Security No: _____

SALES/RECEIVABLES:

Monthly Sales Volume: _____ Terms of Sale: _____ Number of Clients: _____

Invoices/Month: _____ Current A/R: _____

Volume to Factor & Frequency: _____ Weekly: _____ Monthly: _____

FOUR LARGEST CLIENTS YOU INTEND TO FACTOR

1. _____

Address _____

2. _____

Address _____

3. _____

Address _____

4. _____

Address _____

HOW DID YOU BECOME AWARE OF NATIONWIDE? _____

BANK REFERENCE:

Name of Bank: _____ Contact: _____

Address: _____ City,State,Zip: _____

Phone: _____ Account #: _____

ATTACH THE FOLLOWING:

- (a) **Copy of Articles & Certificate of Incorporation , or copy of Partnership Agreement;**
- (b) **Copy of Fictitious Name or Assume Name Filing (if Applicable);**
- (c) **Copy of Driver’s License**
- (d) **Accounts receivable aging report;**
- (e) **Customer List.**
- (f) **Copy of Social Security Card**

The statements made herein and all information provided herewith is true and correct. I/We hereby authorize NATIONWIDE CAPITAL FUNDING, INC., to investigate my/our financial responsibility and credit worthiness.

Signature: _____ **Title:** _____ **Date:** _____