



Application Checklist

Before we can help you, we need some information to determine how we can best serve your business. In addition to the application form, here's a list of relevant documents and items that you should include in your application packet. If you can't provide them for any reason, please tell us why in a written explanation. All information will be held in the strictest confidence.

Don't know what some of these are? Call us! We'll be glad to help you gather the right information.

Please include ALL of the following in your application packet:

- 1. Application form
- 2. Most recent bank statement for your business
- 3. Your corporate filing papers, listing all company officers
- 4. A copy of your Operating Agreement (for LLCs) or Bylaws (for corporations)
- 5. Articles of Incorporation, LLC papers, or state-stamped copy of DBA filing
- 6. Your company's latest financial statement
- 7. Accounts Receivable Aging Report
- 8. Federal Income Tax returns for two previous years
*If your business has filed taxes for the last two years, we want those.
If you are a new business, please provide your personal tax returns.*
- 9. One sample copy of a completed invoice
- 10. Photo Copy of Drivers License(s) for all Officers
- 11. Copies of all required insurance certificates

Construction Companies should also include:

- 1. Copy of any other required licenses
- 2. Copy of required insurance certificates: Workman's compensation and liability
- 3. Copy of all contracts you intend to factor
- 4. Copy of certified payroll (if required by your customer)

Transportation Companies should also include:

- 1. Copy of your ICC Authority
- 2. Copy of cargo and liability insurance
- 3. **Brokers:** Copy of your Surety Bond
- 4. **Brokers:** Copy of your Broker/Carrier Agreement

Please fax complete application packet to 888-547-7993.

Client Application



To get started simply fill out this application. Have questions about it? Call us. Otherwise, your personal customer service representative will contact you and discuss what's next.

COMPANY INFORMATION

Full Legal Company Name: _____

Physical Address: _____

Mailing Address (if different than physical): _____

City: _____ State: _____ Zip: _____

Years at address: _____ Phone: - - - - - Fax: - - - - -

Your Business is in: Freight Brokerage Manufacturing Freight Transportation
 Furniture Personnel Construction Other

Your Company is a: Corporation Partnership Sole Proprietorship

Date Established: _____ Fed Tax ID#: -

Motor Carrier #: _____ Not Applicable # of Trucks: _____

Trailer Type: _____ # of Employees _____

COMPANY PRINCIPAL

Title/Position: _____ % of Ownership: _____

Full Name: _____

Spouse's Full Name: _____ Not Married

This helps us know other names associated with your financial background. We may, if necessary, inquire further about your spouse's relationship to your business.

Home Address: _____ # of years at address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Email: _____

Cell Phone: _____ Driver's Lic. #: _____ State: _____

Date of Birth: - - - - - Social Security #: - - - - -
MM DD YEAR

Fax Application to: 888-547-7993

ALL OTHER OWNERS, OFFICERS OR PARTNERS

Title/Position: _____ Full Name: _____

% of Ownership: _____ Spouse's Full Name: _____ Not Married

This helps us know other names associated with your financial background. We may, if necessary, inquire further about your spouse's relationship to your business.

Home Address: _____ # of years at address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Email: _____

Cell Phone: _____ Driver's Lic. #: _____ State: _____

Date of Birth: _____ - _____ - _____ Social Security #: _____ - _____ - _____
MM DD YEAR

Additional owners, officer, partners? Yes No (If yes, attach complete information.)

Have any officers, owners, or partners had similar roles in a different company in the past 5 years?

Yes No If yes, what company(ies): _____

If business is younger than 2yrs., list previous employment of officers: _____

FINANCIAL INFORMATION

Is your company past due on federal or state taxes? Yes No Not Sure

If yes, has a lien filed? Yes No Not Sure Amt. Past Due: \$ _____

Company's Bank Name: _____

Account #: _____

Are your company's assets pledged as collateral to anyone?

Accounts Receivable: Yes No Not Sure If so, to whom: _____
Company Name

Equipment: Yes No Not Sure If so, to whom: _____
Company Name

Inventory: Yes No Not Sure If so, to whom: _____
Company Name

Have you ever worked with another factoring or funding service?

Yes No Not Sure I'm currently using a service

If yes, what is/was the name of the service? _____

Why did/do you want to end that business relationship? _____

Approximate number of accounts you intend to factor: _____

Average monthly number of invoices you intend to factor: _____

Average invoice amount: \$ _____

Your current amount of receivables open or unpaid: \$ _____

FINANCIAL INFORMATION *(continued)*

Credit terms you offer to customers: Net 10 days Net 30 days Net 45 days Other: _____

High credit extended for individual accounts: \$ _____

CUSTOMER INFORMATION *(We'd like to know which accounts you intend to factor. If more than 4, attach customers.)*

Customer Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Monthly volume: \$ _____ Average number of invoices: _____

Customer Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Monthly volume: \$ _____ Average number of invoices: _____

Customer Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Monthly volume: \$ _____ Average number of invoices: _____

Customer Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Monthly volume: \$ _____ Average number of invoices: _____

How did you hear about Eagle?

More Information:

The above statements are true and accurate to the best of my knowledge.

Printed Name: _____ Signature: _____

Date: _____ Title: _____