Accounts Receivable Financing Application

Name of Company (Full Legal Name):

For questions regarding this application, please call (877) 894-8232. To submit application, please scan and email the application to your representative or email to info@ucfunding.com.

BUSINESS INFORMATION

ddress:						
ity:			_State:		Zip:	
elephone: ()			Fax:	()	
mail:			Website	э:		
ederal Tax I.D. Number:		NAICS	S Code:			
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We only run a soft credit inquiry, which will not impact your credit score. Social security numbers are required to fully process the application, but we can gather this information through a Credit Check and Release Authorization form through email if you prefer not to submit it now.

OWNERSHIP INFORMATION (continued)

Please use a separate piece of paper if there are more than three owners

Full Legal Name:			
Percentage of ownership:% Title:			
Home address:			
City:	State:	e:Zip:	
Telephone: ()	Cell: ()	
Email:			
Social security number: We only run a soft credit inquiry, which will not impact your credit score. Social security this information through a Credit Check and Release Authorization form through elements in the content of the cont	eurity numbers are mail if you prefer r	re required to fully process the application, but w not to submit it now.	e can gather
Percentage of ownership:% Title:			
Home address:			
City:	State:	e:Zip:	
Telephone: ()	Cell: ()	
Email:			
Social security number:	•		 e can gather

DOLLAR AMOUNT OF COMMERCIAL ACCOUNTS RECEIVABLE NOW OPEN

Current	30 Days Old	60 Days Old	90 Days Old	
\$	\$	\$	\$	
Outstanding				
	\$			

ADDITIONAL QUESTIONS

Please circle 'yes' or 'no'.

1.	Do you have loan from the Small Business Administration (SBA)? (yes / no) a. What type of SBA loan(s) do you have? (circle option(s) below)
	504 Loan 7(a) Loan EIDL (Economic Injury Disaster Loans)
2.	Aside from SBA loans, do you currently have any other loans or lines of credit for the business? (yes / no) a. If yes, to whom?
3.	Are you currently factoring? (yes / no)
4.	a. If yes, with whom? Do you have a contract? (yes / no)
5	a. Expiration date of the contract: Do you process your own payroll? (yes / no)
	Have you ever filed for personal/corporate bankruptcy? (yes / no)
	Any Federal or State taxes past due? (yes / no)
	Are there any judgements pending by or against this company? (yes / no)
9.	Any pending or threatened litigation against the company or any principal? (yes / no)
	ACCOUNTS TO BE FACTORED
Your	Customer's Name:
Custo	omer's Street Address (No PO Box):
Custo	omer's City: Customer's State: Customer's Zip:
Custo Your o	omer's Phone Number: customer WILL NOT be contacted by us at this time. We use this information to identify the correct Dun & Bradstreet profile.
Requ	uested credit limit for this customer: \$
Curre	ent outstanding accounts receivables: \$
Avera	age monthly sales for this customer: \$
Avera	age time it takes to be paid: days
Your	Customer's Name:
Custo	omer's Street Address (No PO Box):
Custo	omer's City: Customer's State: Customer's Zip:
Custo Your o	omer's Phone Number:customer WILL NOT be contacted by us at this time. We use this information to identify the correct Dun & Bradstreet profile.
Requ	uested credit limit for this customer: \$
Curre	ent outstanding accounts receivables: \$
Avera	age monthly sales for this customer: \$
Avera	age time it takes to be paid: days

Your Customer's Name:		
Customer's Street Address (No PO Box)):	
Customer's City:	Customer's State:	Customer's Zip:
Customer's Phone Number: Your customer WILL NOT be contacted by us at the	his time. We use this information to identify the corr	ect Dun & Bradstreet profile.
Requested credit limit for this customer:	\$	
Current outstanding accounts receivable	es: \$	
Average monthly sales for this customer	::\$	
Average time it takes to be paid:	days	
Your Customer's Name:		
Customer's Street Address (No PO Box)):	
Customer's City:	Customer's State:	Customer's Zip:
Customer's Phone Number: Your customer WILL NOT be contacted by us at the	his time. We use this information to identify the corr	ect Dun & Bradstreet profile.
Requested credit limit for this customer:	\$	
Current outstanding accounts receivable	es: \$	
Average monthly sales for this customer	::\$	
Average time it takes to be paid:	days	
Whore did you hear about us? (Good	le search, broker, Factor Finders, etc.)	
Where the you hear about us: (Googl	e search, broker, ractor rinders, etc.,	
information that is provided. United Cap		any credit bureau or business to verify any ned subsidiary (WOS) of Gulf Coast Bank & an FDIC-insured commercial bank.
Drint name	Cignoture	Data
Print name	Signature	Date
Print name of second owner (if applicable)	Signature	Date
Print name of third owner (if applicable)	Signature	Date