



FREIGHT BILL FACTORING APPLICATION

GENERAL	Person Completing Application:	Title :
	How Did You Hear About Us?	Date:

BUSINESS	Motor Carrier (MC)#:	Federal ID#:	Time In Business:
	Legal Business Name:	Corp/LLC <input type="checkbox"/>	State Of Inc Or LLC:
		Sole Prop. <input type="checkbox"/>	
		Partnership <input type="checkbox"/>	
	Business Phone:	Business Fax:	Email:
Business Physical Address:	City:	State:	Zip:
Business Mailing Address: <i>(if different than physical address)</i>	City:	State:	Zip:

OWNERSHIP	Owner 1: Legal Name	% Ownership:	Social Security No.:
	Home Physical Address:	City:	State: Zip:
	Home MailingAddress: <i>(if different than physical address)</i>	City:	State: Zip:
	Home Phone:	Cell Phone:	Date Of Birth:
	Owner 2: Legal Name	% Ownership:	Social Security No.:
	Home Physical Address:	City:	State: Zip:
	Home MailingAddress: <i>(if different than physical address)</i>	City:	State: Zip:
	Home Phone:	Cell Phone:	Date Of Birth:

If you have more owners please list the information above for the additional owners on a separate piece of paper.

FACTORIZING	Please list at least three customers (Brokers/Shippers) that you intend to factor:

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PLEASE FAX COMPLETED APPLICATION TO 1-614-573-7155

U.S. Financial Companies • 3001 Bethel Rd. Suite 108 • Columbus, OH 43220
 Toll Free: 888-581-5990 • www.usfinco.com • Fax: 614-573-7155

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QUESTIONS	Number Of Trucks Owned: <input type="text"/>	# Of Trucks Leased On To Current MC: <input type="text"/>
	List All Previous MC#'s: <input type="text"/>	
	Dollar Amount You Intend To Factor Each Month: \$ <input type="text"/>	
	Are You Currently Factoring Freight Bills: <input type="checkbox"/> No <input type="checkbox"/> Yes	
	If "Yes" Please Name Factoring Company: <input type="text"/>	
	Have You Factored Freight Bills In The Past: <input type="checkbox"/> No <input type="checkbox"/> Yes	
	If "Yes" Please Name Factoring Company: <input type="text"/>	
	Do You Use Broker Quick Pay: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Sometimes	
	Business Owner(s) U.S. Citizen(s): <input type="checkbox"/> No <input type="checkbox"/> Yes	
	IRS 941 Payroll Taxes Current? <input type="checkbox"/> No <input type="checkbox"/> Yes	
County, State, Or Federal Tax Liens On Business? <input type="checkbox"/> No <input type="checkbox"/> Yes		Would you like to use our EFT Fuel Card Program? <input type="checkbox"/> No <input type="checkbox"/> Yes
County, State, Or Federal Tax Liens On Owner(s)? <input type="checkbox"/> No <input type="checkbox"/> Yes		Would you like to use our UPS labels? <input type="checkbox"/> No <input type="checkbox"/> Yes

SIGN	<p>IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT</p> <p>To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.</p>
	<p>-----</p> <p>This serves as my permission for the release of any information regarding this application for the purpose of credit investigation of the company I represent or myself. The above statements are true and accurate to the best of my information and belief. I represent that this application is submitted for a purpose other than to obtain monies for personal, family or household use.</p>
	<p>Signature: X _____ Printed Name: _____</p> <p>Signature: X _____ Printed Name: _____</p>

ADDITIONAL ITEMS	<p>PLEASE RETURN A COPY OF THE ITEMS BELOW WITH THE APPLICATION:</p> <p><input type="checkbox"/> Owner(s) Driver's License(s)</p> <p><input type="checkbox"/> Proof Of Insurance</p> <p><input type="checkbox"/> W-9 Form</p>
	<p style="text-align: right;"><small>CADMS115</small></p>

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