



**Powers Funding Group**  
Accounts Receivable Financing

16 West Main Street  
Rochester, NY 14614

E-mail: mark@PowersFunding.com

**Application Form**

*(Please complete this form and fax or mail it to the address/number above)*

1. Company Name \_\_\_\_\_ Date Established \_\_\_\_\_

2. Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

3. Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

4. Company is a (1) Corporation; (2) Partnership; (3) Proprietorship \_\_\_\_\_ Federal ID No., SS No. \_\_\_\_\_

5. Annual Sales Volume \_\_\_\_\_ No. of Employees \_\_\_\_\_

6. Type of Business (Manu., Distribution, etc.) \_\_\_\_\_

7. Type of Customers (Retailers, Manu., Wholesalers, etc.) \_\_\_\_\_

8. Approximate Number of Customers \_\_\_\_\_ Terms of Sale \_\_\_\_\_

9. Have you ever factored your receivables before? Yes \_\_\_ No \_\_\_ If yes, with what company \_\_\_\_\_

10. Are your accounts receivables / equipment pledged as collateral? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, to which lender? Name \_\_\_\_\_ Contact \_\_\_\_\_  
Phone Number \_\_\_\_\_

11. How did you hear about our company? \_\_\_\_\_

12. Estimate of applicant's annual volume of accounts to be sold to POWERS FUNDING GROUP: \_\_\_\_\_

13. Any litigation pending against the client or owner/officer? Yes \_\_\_ No \_\_\_  
Any judgements outstanding? (Attach a copy) Yes \_\_\_ No \_\_\_  
Any Federal or State Tax Liens? (Attach a copy) Yes \_\_\_ No \_\_\_  
Has any owner/officer ever been convicted of a felony? Yes \_\_\_ No \_\_\_  
Had any owner/officer ever been involved in bankruptcy? Yes \_\_\_ No \_\_\_  
If a yes answer to any of the above questions, please explain fully in the space provided below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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**GENERAL INFORMATION**

14. Name of Attorney \_\_\_\_\_ City, State \_\_\_\_\_ Phone # \_\_\_\_\_

15. Name of Accountant \_\_\_\_\_ City, State \_\_\_\_\_ Phone # \_\_\_\_\_

16. Are you presently leasing your space? \_\_ Yes \_\_\_ No Amount of monthly Rent \$ \_\_\_\_\_

17. Name of Landlord/Management Company \_\_\_\_\_ Phone \_\_\_\_\_

18. Address of Landlord/Management Company \_\_\_\_\_

**PERSONAL INFORMATION ON OFFICERS, PARTNERS, OR GUARANTORS**

(Require Minimum of President and Secretary for Corporation)

19. Name \_\_\_\_\_ Title \_\_\_\_\_ SS# \_\_\_\_\_ Birth Date \_\_\_\_\_

20. Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

21. Name \_\_\_\_\_ Title \_\_\_\_\_ SS# \_\_\_\_\_ Birth Date \_\_\_\_\_

22. Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

**COMPANY BANK REFERENCES - TWO YEAR HISTORY**

23. Name of Bank Branch \_\_\_\_\_ Chkg. Acct# \_\_\_\_\_ City/State \_\_\_\_\_ Phone \_\_\_\_\_ Contact Officer \_\_\_\_\_

I/We hereby authorize you, to whom this application is made, or your agents, to investigate my/our financial responsibility and credit worthiness and will provide financial statements, tax returns, etc., as you deem necessary. I/We grant Powers Funding Group the right to procure any and all credit reports pertaining to any party to this application.

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date