



**ALTHON FACTORING SERVICES**

[www.althonfactoringservices.com](http://www.althonfactoringservices.com)

8700 Castner, Ste D. El Paso, Tx 79907 Office: (915)-249-2477 Fax: (888)-370-7579 Application 1-3

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In order to expedite the approval process, please fill out the application completely. After initial approval is given, additional information may be required prior to funding.

**COMPANY INFORMATION**

Business Name: \_\_\_\_\_ Date Est.: \_\_\_\_\_ County: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_ Web Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
Legal Status:  Corp.  LLC  Partnership  Sole Proprietorship  
Federal Tax ID Number: \_\_\_\_\_  
Description of Business: \_\_\_\_\_ Number of Employees: \_\_\_\_\_  
Federal or State Taxes Past Due?  Yes  No  
If Yes, Type/Amt: \_\_\_\_\_ Tax Lien Filed??  Yes  No

**OFFICERS, OWNERS, OR PARTNERS**

If more than two, please list any additional in Notes section of application

Name & Title: \_\_\_\_\_ % Owned \_\_\_\_\_ Driver(s) License # \_\_\_\_\_  
Home Street Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  Own  Rent  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security: \_\_\_\_\_  
Name & Title: \_\_\_\_\_ % Owned \_\_\_\_\_ Driver(s) License # \_\_\_\_\_  
Home Street Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  Own  Rent  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security: \_\_\_\_\_

**BUSINESS BANKING INFORMATION**

Name of Bank: \_\_\_\_\_ Date Opened Account: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Checking Account Number(s) \_\_\_\_\_ Any Commercial Loans Outstanding? Y  N   
Loan Account Number: \_\_\_\_\_ Amount \$: \_\_\_\_\_ Bank Officer: \_\_\_\_\_



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**TOP 5 CUSTOMERS**

Name	Address	City	State	Phone/Contact
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Credit Application Personal Guarantee

(Note: Company credit policy requires a personal guarantee on all accounts)

To induce Althon Factoring Services, LLC to extend credit to the above company in which I have business interest, I personally guarantee payment of all charges made by this company with Althon Factoring Services, LLC, and I agree to pay all necessary collection costs and a reasonable attorney's fee in the event it is necessary to place this account in the hands of an attorney for collection.

**INSURANCE**

Number of Units	Broker	Contact Name	Contact Number	Expiration Date
<input type="checkbox"/> < 5	_____	_____	_____	_____
<input type="checkbox"/> >5				
<input type="checkbox"/> <10				
<input type="checkbox"/> Other _____				

**Outstanding Receivables (if applicable)**

Total Outstanding	Current	30-60 Days	60-90 Days	90+ Days
_____	_____	_____	_____	_____

Factoring Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**MISCELLANEOUS INFORMATION**

Anticipated monthly factoring volume: \_\_\_\_\_

Current Receivables Outstanding: \_\_\_\_\_

Requested first funding date: \_\_\_\_\_ Amount of funding required: \_\_\_\_\_

Have you Factored before?  Y  N If yes, with whom? \_\_\_\_\_

**LANDLORD INFORMATION**

Are you presently leasing your business space?  Yes  No Period of Present Lease: \_\_\_\_\_

Name of Landlord and/or Management Company: \_\_\_\_\_

Street Address: \_\_\_\_\_ Monthly Rent Amount: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_



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### SUPPORT INFORMATION CHECKLIST

Please include the appropriate information with your completed application and submit to Althon Factoring Services

- Articles of Incorporation or Assumed Certificate
- Copy of Liability Insurance
- Current Financial Statements
- Copy of Cargo Insurance (Trucking)
- Accounts Receivable Aging
- Copy of Workers Comp. Insurance (Staffing)
- Accounts Payable Aging
- Copy of Operating Authority with MC# (Trucking)
- Customer List with Addresses
- Copy of current PACA License (Agricultural)
- Copy of Tax Returns
- Copy of Applicant(s) Driver (s) License
- Copy of 941s (last 4 quarters) with Proof of Payment
- Copy of Voided Check
- Signed Tax Authorization Form (8821)
- Signed Term Sheet
- Signed W-9
- Invoices to factor (include P.O. (s) and/or contracts)
- Signed Bank Authorization Form
- Reference Letter from your financial institution

Notes:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

REFERRED TO ALTHON BY: \_\_\_\_\_

### SIGNATURE & AUTHORIZATION

The above statements are true and correct to the best of my knowledge and belief. This serves as my permission for the release of any information to Althon Factoring Services regarding this application for the purpose of credit investigation. I hereby authorize Althon Factoring Services to investigate the credit of all parties listed above. I also hereby authorize Althon Factoring Services to contact our customers to verify the invoice submitted for factoring.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_ Name and Title: \_\_\_\_\_