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#295
White Plains, NY 10605
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## APPLICATION FOR FACTORING LINE OF CREDIT

Company _			
Address _			
City, State, Zip _			
Office Ph _			
Cell _			
Fax _			
Fmail			
web Site _			
Industry/Business		Av. mo. volume	
Description _		to factor	
Av. Invoice Size		# of customers	
(\$ amount) _		to factor	
How long in business _		_	
1-4 customers to	Company:		
factor (for credit	Address:		
research only; they will NOT be	City St Zip:		
contacted).	Phone #:		
Be sure company names are spelled correctly.	Approx. mo. volume: \$		
	Usual # of days for pmt:		
	Company:		
	•		
	Usual # of days for pmt:		
	J 1 -		

	Company:
	Address:
	City St Zip:
	Phone #:
	Approx. mo. volume: \$
	Usual # of days for pmt:
	Company:
	Address:
	City St Zip:
	Phone #:
	Approx. mo. volume: \$
	Usual # of days for pmt:
Business Type	☐ Sole Proprietor ☐ S Corporation ☐ C Corporation ☐ LLC ☐ Partnership
	If Corp. or LLC, state(s) of corporation registration FEIN #
Owner's Date of Birth	First 5 digits of SS #
Do You Have any:	Current Bank Loans or Lines of Credit  Yes  No
•	Tax Liens or Other Liens Yes No
	Pending Litigation or Existing Judgments  Yes No
	Criminal Record  Yes No
If <b>Yes</b> to any above please describe	
Are Your:	State Taxes current  Yes No Federal & Payroll Taxes current  No
If No Please Describe	
How did you find us?	
Name of person or	
company who referred you	
Name of Person submitting this form	
Submitter's Phone#	

The foregoing information is provided by an authorized company representative or broker consultant, and is true and correct to the best of my knowledge.

Upon submitting this form, MarcFunding, LLC or its agents are authorized to verify and investigate any or all of the foregoing statements. MarcFunding, LLC is granted the right to procure credit information pertaining to all principals listed in this application.

Print and mail or FAX to:

## MarcFunding, LLC.

333 Mamaroneck Avenue | #295 | White Plains, NY 10605 Phone: 1.888.797.6272 or 914.997.6272 Fax: 914.517.9566