



Corporate Offices
PO Box 51357
Mesa, AZ 85208
(480) 635-8539
Fax: (480) 422-0057

Application for Freight Bill Factoring

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

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 identifying 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 - i.e. your driver's license or other identifying business documents.

BUSINESS/OWNER INFORMATION

Motor Carrier (MC) # _____ Federal I.D.# _____

Legal Business Name _____ # Years in Business _____

Business Type: C Corp S Corp Partnership Sole Prop. Trust / estate
 LLC taxed as a C Corp LLC taxed as an S Corp LLC taxed as a partnership LLC

taxed as a sole proprietor Other (describe) _____ State of Organization _____

Business Phone# (____) _____ Business Fax# (____) _____

Business Physical Address _____

City _____ State _____ Zip _____

Business Mailing Address _____

City _____ State _____ Zip _____

Number of Trucks Owned or Leased _____ Prior MC #'s _____

Number of Trailers Owned or Leased _____ #Vans _____ #Reefers _____ #Flats _____

Approximate Monthly Volume _____ Prior Factoring Co. _____

Approximate # of Customers _____ Average Invoice Size _____

Top 3 Customers 1. _____ 2. _____ 3. _____

Are your receivables currently pledged as collateral Yes No

Gross Revenue Last 12 Mo. _____ Referred by _____

Owner 1 Name _____ **Title** _____

Married Yes No **Date of Birth** _____ **% of Ownership** _____

Home Address _____

City _____ **State** _____ **Zip** _____

Cell Phone (_____) _____ **Email** _____

Owner 2 Name _____ **Title** _____

Married Yes No **Date of Birth** _____ **% of Ownership** _____

Home Address _____

City _____ **State** _____ **Zip** _____

Cell Phone (_____) _____ **Email** _____

Owner 3 Name _____ **Title** _____

Married Yes No **Date of Birth** _____ **% of Ownership** _____

Home Address _____

City _____ **State** _____ **Zip** _____

Cell Phone (_____) _____ **Email** _____

*If more than three owners, please provide accompanying information on separate piece of paper

Are you currently late on your IRS 941 payroll taxes? Yes No N/A

Are there County, State, or Federal business tax liens? Yes No

Are there County State, or Federal personal tax liens? Yes No

The foregoing information is true and correct to the best of my knowledge and is given to induce East Valley Capital, LLC to consider entering into a financing agreement with this company. I/We represent this application is submitted for a purpose other than to obtain monies for personal, family, or household use. I hereby authorize East Valley Capital, LLC or its agents to verify and investigate any or all of the foregoing statements, including but not limited to my/our credit worthiness and financial responsibility, in any way they may choose, including a personal and commercial background check. I/We grant East Valley Capital, LLC the right to procure any and all credit reports pertaining to any party listed in this application, including but not limited to, all principals of the company.

All owners must sign the application for freight bill factoring

X _____ / ____ / ____
Signature Printed Name Title Date

X _____ / ____ / ____
Signature Printed Name Title Date

X _____ / ____ / ____
Signature Printed Name Title Date

PLEASE FAX OR EMAIL COMPLETED APPLICATION AND ALL REQUESTED DOCUMENTS TO:
(East Valley Capital, LLC cannot guarantee the security of confidential, personal information when sending by email or fax)

Fax: 480-422-0057
Email: Keith@EastValleyCapital.com

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