## Hamilton

## Business Finance Made Simple!

100 Elwood Davis Rd. • P.O. Box 352 • North Syracuse, NY 13212 Toll-free 800-351-3066 • Fax 315-413-0087 • www.hamiltongroup.net • info@hamiltongroup.net

## **Application for Factoring**

## **Company Information**

Full Business Na	ness Name: Legal Name (if different):				
Business Address:	·				
	Street or PO Box				
				<u>-</u>	
	City	County	State	Zip	
Business Phone:		Fax:	Email:		
Business Website	e:		·····		
Structure:	C Corporation	Corporation D/B/A Pa	rtnership 🔲 Sole Proprietorship 🔲 LI	.C	
Years in Business	s:				
If doing business	at places other than Prin	cipal Place of Business / Corporate Of	fice, list all additional addresses:		
Has there been a	change of business nam	e or ownership within the last five yea	rs?		
If yes, please descr	ribe:				
Describe primary	source(s) of business act	ivity:			
Tax Informa	ntion				
Federal Tax ID#	t:				
Do you have any	Federal or State taxes o	verdue?	any liens been filed?  yes no		
			xplain:		
			1		
Principal / C	Corporate Office	r Information			
Enter information	n pertaining to all Busino	ess Owners or Corporate Officers:			
1. Title:	·	Name:	Home Phone:		
Home Address: _					
Social Security #:	:	Date of Birth:	Drivers Lic. State and #:		
Has been convict	ted of a felony?  yes	no If yes, explain:			
2. Title:		Name:	Home Phone:		
Home Address: _					
Social Security #:	:	Date of Birth:	Drivers Lic. State and #:		
Has been convict	ted of a felony?  ugs	no If yes, explain:			

	Contact:			
Phone:	Address:			
Checking Account #:	Savin	Savings Account #:		
Financial History				
Attach any relevant explanatory info	rmation relating to answers to the following	questions.		
Has Business ever declared bankruptcy?		Yes	☐ No	
Is Business or its principals Defendant(s) in any legal actions?		Yes	☐ No	
Are any Liens currently placed agains	st Applicant's Accounts Receivable	Yes	☐ No	
(or are your Accounts Receivable plea	dged as collateral)?			
Does Business have any outstanding	business loans?	Yes	☐ No	
If yes, please provide: Name of Finar	ncial Institution:			
Phone:	Address:			
Loan Amount:	Collateral pledged:			
Has Business previously factored?		Yes	☐ No	
If yes, name of previous factor:				
Attachment Checklist				
Current Account Current Account Last corporate Evidence of Pay Any relevant put familiarize itself As required by	lly prepared Balance Sheet and Inco.  nts Receivable aging report  nts Payable aging report  tax return  yroll Tax compliance (e.g. copy of chress releases, press coverage, or product with products and/or services offer the USA Patriot Act, a photocopy or License, or similar version of officients.	eck or bank receipt) Ict literature that migh ed. f the Business Owner's	or Corporate	
	nrification on any part of this application, ca	The Hamilton Gi PO Box 352	roup	
		North Syracuse, N		
		Fax: 315-413-008		
		Email: info@ham		
knowledge and no material information immediately. Unless this happens, Hamil check the Applicant's credit (including m	ation on this Application to The Hamilton Gro has been omitted. If a change occurs to materia lton may rely on this application as true and accurate y personal credit, or the personal credit of the pri- ccuracy of the statements made on this form and the statements of the statements made on the statements of the statements made on the statements made on the statements of the statements	lly affect my answers to the quarte as of the date below. Ham ncipals and/or officers of the A	uestions herein, I will so notify Hamilton nilton and its designee(s) are authorized to pplicant) and make all other inquiries that	
Applicant Signature		Co-Applicant Signature		
Date		Date		