



## Purchase Order Funding Application

### ORGANIZATION INFORMATION

Legal Name of Company: \_\_\_\_\_  
(As listed in the Articles of Incorporation)

Registered Trade Name: \_\_\_\_\_  
(D.B.A. if different from legal name)

*Corporate Headquarters:*

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

County: \_\_\_\_\_

Primary Contact regarding this Application: \_\_\_\_\_

Business Telephone: (\_\_\_\_) \_\_\_\_\_ Business Fax: (\_\_\_\_) \_\_\_\_\_

Web Address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Years in Business: \_\_\_\_\_

Is Business a: Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ LLC \_\_\_\_\_ Individual \_\_\_\_\_ Other \_\_\_\_\_

Date and State Business Established or Incorporated: \_\_\_\_\_

Type of Business?

Manufacturer: \_\_\_\_\_ Wholesaler: \_\_\_\_\_ Distributor: \_\_\_\_\_ Service: \_\_\_\_\_ Other: \_\_\_\_\_

Describe Business: \_\_\_\_\_

If business has more than one office, list all additional offices or provide attachment  
with address phone and contact name: \_\_\_\_\_

Any subsidiaries, licensees, franchisees or affiliates? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, provide legal name, address, phone, fax, state of incorporation and your company's  
% of ownership and type of agreement: \_\_\_\_\_

The company has never been involved in a bankruptcy or reorganization, except as follows:

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

There are no judgments pending by or against the company or its subsidiaries, except as follows:

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

The company is not aware of any pending or threatened litigation or contingent liabilities against the company or against any subsidiaries of the company, except as follows:

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## TAX INFORMATION

**Federal Tax ID:** \_\_\_\_\_

Any Federal or State taxes past due? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, have any liens been files?

Yes \_\_\_\_\_ No \_\_\_\_\_ Any levies filed? Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, please provide details:

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## PRINCIPALS OF BUSINESS

1.) Name: \_\_\_\_\_ Title: \_\_\_\_\_ % Owned \_\_\_\_\_

Social Security #: \_\_\_\_\_ Drivers License #: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

2.) Name: \_\_\_\_\_ Title: \_\_\_\_\_ % Owned \_\_\_\_\_

Social Security #: \_\_\_\_\_ Drivers License #: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

3.) Name: \_\_\_\_\_ Title: \_\_\_\_\_ % Owned \_\_\_\_\_

Social Security #: \_\_\_\_\_ Drivers License #: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

4.) Name: \_\_\_\_\_ Title: \_\_\_\_\_ % Owned \_\_\_\_\_

Social Security #: \_\_\_\_\_ Drivers License #: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Have any of the Principals of this Business ever filed for bankruptcy? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain (Attach a separate sheet if necessary) \_\_\_\_\_

Is there litigation pending against this business or the principals? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, please explain (Attach a separate sheet if necessary) \_\_\_\_\_

## **BUSINESS CHECKING ACCOUNT**

Name of Bank \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_  
Account Number \_\_\_\_\_ ABA Number: \_\_\_\_\_

## **BUSINESS LOANS**

Financial Institution: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Email: \_\_\_\_\_ Web Address: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Date Opened: \_\_\_\_\_  
What was pledged as security for loan? \_\_\_\_\_  
Is there a UCC Filed? Yes: \_\_\_\_ No: \_\_\_\_ if yes, in what state and what is covered?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are assets of company pledged to any other financial institution or individual as security?

Yes: \_\_\_\_ No: \_\_\_\_ If yes, to whom: \_\_\_\_\_

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **BUYER INFORMATION**

Company Name: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Web Address: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Country: \_\_\_\_\_ City Code: \_\_\_\_\_ Country Code: \_\_\_\_\_  
Have you worked with this buyer in the past: Yes \_\_\_\_ No \_\_\_\_  
If yes, how many times: \_\_\_\_\_ Did you produce the same goods? Yes \_\_\_\_ No \_\_\_\_  
Average size of previous orders: Quantity \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
Once goods are delivered and accepted, how long before buyer makes payment:  
\_\_\_\_\_

## PURCHASE ORDER INFORMATION

Purchase Order Number: \_\_\_\_\_ Amount of Purchase Order: \$ \_\_\_\_\_  
Is it revocable: Yes \_\_\_\_\_ No: \_\_\_\_\_ Is it modifiable: Yes \_\_\_\_\_ No \_\_\_\_\_  
Date Issued: \_\_\_\_\_ Date to close/fulfill order: \_\_\_\_\_  
Can you extend fulfillment date: Yes \_\_\_\_\_ No \_\_\_\_\_  
Are goods being order on consignment? Yes \_\_\_\_\_ No \_\_\_\_\_  
Other key terms of Purchase Order: \_\_\_\_\_  
\_\_\_\_\_

## SUPPLIER INFORMATION

Supplier Company Name: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Web Address: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Country: \_\_\_\_\_ City Code: \_\_\_\_\_ Country Code: \_\_\_\_\_  
Have you worked with this supplier in the past: Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, how many times: \_\_\_\_\_ did you purchase the same materials? Yes \_\_\_\_\_ No \_\_\_\_\_  
Average size of previous order: Quantity \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
How much does your supplier need to produce goods? US\$ \_\_\_\_\_  
What is the total cost to fill this order? US\$ \_\_\_\_\_  
How does your supplier get paid? COD: \_\_\_\_\_ Letter of Credit: \_\_\_\_\_ Credit Terms: \_\_\_\_\_  
Other: \_\_\_\_\_; If other, please explain: \_\_\_\_\_  
If Letter of Credit or Credit Terms, please give some details: \_\_\_\_\_  
\_\_\_\_\_  
How long will it take supplier to produce the goods: \_\_\_\_\_  
Once goods are produced, who will inspect them: \_\_\_\_\_  
Do you need to take possession of the goods: Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, how long will it take you to finish the goods: \_\_\_\_\_  
If yes, what do you do to the goods: \_\_\_\_\_  
\_\_\_\_\_  
If yes, how long does it take to deliver goods to buyer? \_\_\_\_\_  
Who is responsible for shipping goods? You \_\_\_\_\_ Supplier \_\_\_\_\_ Buyer \_\_\_\_\_  
If You or Supplier, are goods fully insured? Yes \_\_\_\_\_ No \_\_\_\_\_  
When are the goods inspected, by you: \_\_\_\_\_  
When are the goods inspected by the buyer: \_\_\_\_\_

### Additional Suppliers to fill Purchase Order

Company Name: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Country: \_\_\_\_\_ County Code: \_\_\_\_\_ City Code: \_\_\_\_\_

If second supplier produces different goods or has different payment terms, please provide details on differences: \_\_\_\_\_

### ACCOUNTS RECEIVABLE INFORMATION

Amount of open Receivables: \$ \_\_\_\_\_ Number of Invoices: \_\_\_\_\_

Number of Accounts: \_\_\_\_\_

Aging of Receivables (\$ Amount): 0-30 days: \$ \_\_\_\_\_ 31-60 days: \$ \_\_\_\_\_

61-90 days: \$ \_\_\_\_\_ 91-120 days: \$ \_\_\_\_\_ Over 120 days: \$ \_\_\_\_\_ Average: \$ \_\_\_\_\_

Total sales last 30 days: \_\_\_\_\_ Total sales last 12 months: \_\_\_\_\_

Has this business factored previously? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, with whom? \_\_\_\_\_

Is this business currently engaged in a factoring relationship? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Factoring Firm (*If different from above*) \_\_\_\_\_

### LIST 3 LARGEST CUSTOMERS

**1.) Company Name:** \_\_\_\_\_ Monthly Sales: \$ \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Email Address: \_\_\_\_\_ Web Address: \_\_\_\_\_

**2.) Company Name:** \_\_\_\_\_ Monthly Sales: \$ \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Email Address: \_\_\_\_\_ Web Address: \_\_\_\_\_

**3.) Company Name:** \_\_\_\_\_ Monthly Sales: \$ \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Email Address: \_\_\_\_\_ Web Address: \_\_\_\_\_

***I/We certify as to the accuracy of the foregoing information as of the date hereof and we further agree to provide you with written notice of any change or amendment with respect to any of the foregoing. We acknowledged and understand that you will be relying on the***

**accuracy of the information provided by us in this information Certificate. By our signature below, Company authorizes NowLender.com and all of its designees to have a credit report ordered in order to verify the accuracy of the information herein or for any other purpose relating to this transaction. I/We further authorize NowLender.com to file a financing statement in order to complete this Application, and it is agreed and understood that NowLender.com and its designees will terminate any financing statement in the event that a transaction is not entered into between Applicant and Factor.**

**Date**\_\_\_\_\_

\_\_\_\_\_  
**Signature of President or  
Other Officer/Principal**

**Date**\_\_\_\_\_

\_\_\_\_\_  
**Additional Principal**

### **DOCUMENTATION CHECK LIST**

**In order to more efficiently expedite your application please enclose the following with this application:**

#### **Business**

1. Copy of Business Plan (*if available*)
2. Copy of Articles of Inc. or State Registration (*if not Inc.*)
3. Copy of D./B./A. Filing (Fictitious name)
4. Copy of Partnership Agreement
5. Copy of Occupational License (s)
6. Copy of Financial Statements for most recent quarter & year
7. Copy of 941 Withholding Tax and Proof of Payment
8. Copy of Business Tax Returns for last 2 years
9. Copy Of Buyers Credit Reports if on file
10. Sample Invoice with copies of supporting documents used

#### **Principals**

1. Copies of Drivers License
2. Copies of Personal Tax Returns For last 2 years

#### **Purchase Order**

1. Copy of Purchase Order
2. Copy of Shipping Documentation
3. Copy of insurance covering goods (*if available*)

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