



2510 Solway Road
 Knoxville, TN 37931
 Phone: (865) 670-2345
 Fax: (865) 693-3233
 Email: team@capitalplus.com

Factoring Application

Please complete and return via email team@capitalplus.com

To assist CapitalPlus Construction Services, LLC ("CPCS") in its evaluation of whether to acquire Invoices issued by applicant ("Company"), applicant is voluntarily supplying information about the Company, its owners, and all other matters and hereby represents that information in the application is true and accurate.

COMPANY INFORMATION

Legal Company Name: _____ State of Incorporation: _____ Years in Business: _____

Primary Contact Regarding this Application: _____ Title: _____

Business Phone _____ Email: _____

Business Address: _____ City: _____ State: _____ Zip: _____

Business Type: Corporation Partnership LLC Individual Other Federal ID #: _____

Has Company Ever Filed for Bankruptcy? Yes No Are There any Judgments Pending Against the Company? Yes No

Is There Any Pending or Threatened Litigation Against the Company? Yes No

Federal or State Taxes Past Due? Yes No If Yes, Amount? _____ Year(s)? _____ Tax Lien Filed? Yes No

Are Accounts Receivable Pledged as Collateral? Yes No Is your company required to carry a bond for the project? Yes No

How Did You Hear About Us?: _____ Describe Your Business: _____

Would you be interested in receiving a free quote for professional back office services as well? Yes No

If **YES**, which services?

Accounting and Bookkeeping Credit Monitoring of your subs/suppliers Lien Compliance Invoicing and Payment Management

PRINCIPALS OF BUSINESS

If there are more than two principals, please list any additional persons on a separate sheet and include with completed application.

Name: _____ Title: _____ % Owned _____

Social Security #: _____ Drivers License # _____ State: _____

Home Address: _____ City, State, Zip _____

Home Phone: _____ Cell Phone: _____ Email: _____

Name: _____ Title: _____ % Owned _____

Social Security #: _____ Drivers License # _____ State: _____

Home Address: _____ City, State, Zip _____

Home Phone: _____ Cell Phone: _____ Email: _____

Have Any of the Principals of This Business Ever Filed for Bankruptcy? Yes No

Is There Litigation Pending Against the Principals? Yes No

Any Federal or State Taxes Past Due? Yes No If Yes, Amount? _____ Year(s)? _____

ACCOUNTS RECEIVABLE INFORMATION

Aging of Receivables (\$ Amount): 0-30 days: \$ _____ 61-90 days: \$ _____
31-60 days: \$ _____ Over 90 days: \$ _____

Is business currently or has it previously factored its receivables? Yes No With whom? _____

Average monthly amount company wants to factor: \$ _____

PROVIDE THREE PROFESSIONAL REFERENCES

Bank Name:	Accountant/Bookkeeper:	Liability Insurance Provider:	Attorney/Other:
Contact:	Contact:	Contact:	Contact:
Phone:	Phone:	Phone:	Phone:
Email:	Email:	Email:	Email:

3 LARGEST ACCOUNTS YOU EXPECT TO FACTOR (Accounts are not contacted at this time)

Company Name:	Company Name:	Company Name:
Desired Amount of Credit:	Desired Amount of Credit:	Desired Amount of Credit:
Address:	Address:	Address:
Phone:	Phone:	Phone:

ADDITIONAL DOCUMENTATION REQUIRED FOR UNDERWRITING

*** Designates documents required to be submitted prior to performing underwriting

- Most Current Accounts Receivable Aging and Accounts Payable Aging ***
- Copy of Driver's License for all owners***
- Business Tax Return and Personal Tax Returns for all owners (most recent year, first two pages) ***
- Business Bank Statements (last three months) ***
- Signed Contract with Terms and Conditions including all exhibits to the contract ***
- Copy of General Liability and Workers Compensation Insurance Certificates ***
- Copies of permits filed for jobs if appropriate
- Copy of Preliminary Lien Notice sent for each project if filed

We thank you for your interest in working with CapitalPlus. Upon completion and submittal of the application, you will be contacted by an Executive Account Representative who will work closely with you throughout the Underwriting and Funding process. The representative will endeavor to learn more about you, your projects and your cash flow needs so that we can better serve you. Additionally, the representative will provide you with instructions for submitting and downloading the additional documentation listed above.

I/We certify as to the accuracy of the information provide and understand that you will be relying on the accuracy of this information when evaluating our Company's Application. By signing and submitting this Application, Company and individual(s) authorizes CPCS to use any credit bureau or business to verify any information that is provided or needed to underwrite your file.

Signature: _____ Date: _____ Signature: _____ Date: _____

Print Name: _____ Title: _____ Print Name: _____ Title: _____