



## G Squared Funding

### Account Receivable Factoring Application

Business Exact Legal Name: \_\_\_\_\_ State of Incorporation: \_\_\_\_\_  
 Date Established: \_\_\_\_\_ Type of Business: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_ Website: \_\_\_\_\_

#### Company Owners

Full Legal Name: \_\_\_\_\_ DL #: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Title: \_\_\_\_\_ Soc Sec: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
 Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_ DL #: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Title: \_\_\_\_\_ Soc Sec: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
 Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### General Information

Federal ID No.: \_\_\_\_\_ How many invoices does your company generate per month? \_\_\_\_\_  
 What is your current A/R Outstanding Balance? \_\_\_\_\_ Project your company's revenue for this fiscal year \$ \_\_\_\_\_  
 Are you factoring now or have you factored before? \_\_\_\_\_ What is your average collection time in days? \_\_\_\_\_ days  
 If yes, with what company? \_\_\_\_\_ Do you have a Letter of Release? \_\_\_\_\_  
 Do you have any outstanding judgements or liens? \_\_\_\_\_ Who referred you to us? \_\_\_\_\_  
 Are you currently under the protection of the United States Bankruptcy Laws? \_\_\_\_\_

*I hereby certify that all information provided on this application is accurate and complete to the best of my knowledge. I authorize G Squared Financial, LLC D/B/A G Squared Funding ("GSF") to procure credit reports, verifications and other information which, in its sole discretion, is deemed appropriate for completing its credit evaluation. I provide authorization, on a continuing basis, for any person or business to release any and all credit reports or verifications to GSF. I further authorize GSF to file the appropriate UCC financing statements, listing all assets as collateral, to secure any indebtedness which may be incurred as a result of this application.*

\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Title  
\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Title  
\_\_\_\_\_  
Date

**FAX TO (770) 641-9962 FOR 24 HOUR APPROVAL PROCESS OR CALL (888) 942-7253 FOR QUESTIONS!**