



# 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.: \_\_\_\_\_ MC #: \_\_\_\_\_ Who referred you to us? \_\_\_\_\_

Are you factoring now or have you factored before? \_\_\_\_\_

If yes, with what company? \_\_\_\_\_ Do you have a Letter of Release? \_\_\_\_\_

Do you have any outstanding judgements or liens? \_\_\_\_\_

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

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

690 Village Trace NE, Building 21, Suite A, Marietta, GA 30067

PHONE (888) 942-7253 FAX (770) 641-9962

[www.gsquaredfunding.com](http://www.gsquaredfunding.com)