

JOBE SERVICES, INC.  
19747 HWY 59 N., SUITE 425  
HUMBLE, TX 77338  
TEL: 281-540-7601 FAX: 281-540-7614  
www.jsifactoring.com

Application to Enter Into  
Factoring Agreement

Legal Business Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ County \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Mobil: \_\_\_\_\_ Email \_\_\_\_\_

Does the Company  Own  Rent ... the property? Former and/or other locations: \_\_\_\_\_

Landlord's Name: \_\_\_\_\_ Landlord's Phone: \_\_\_\_\_ Mo. Rent: \_\_\_\_\_

Landlord's Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Entity ( One)  Corporation  Partnership  Sole Proprietorship Date Business Started: \_\_\_\_\_ State of Inc. \_\_\_\_\_

Type of Business: \_\_\_\_\_ # Employees: \_\_\_\_\_ Employer Tax ID#: \_\_\_\_\_

Any past due taxes? \_\_\_\_\_ If yes, please explain \_\_\_\_\_ Has a Tax Lien been filed? \_\_\_\_\_

Any judgements or law suits against applicant/principals? \_\_\_\_\_ If yes explain: \_\_\_\_\_

Have applicant or principals ever filed Bankruptcy? Yes \_\_\_\_\_ No \_\_\_\_\_ If so what Chapter? \_\_\_\_\_ When? \_\_\_\_\_

Owners/Shareholders/Officers (if more than 3, please attach separate page):

Owner or Officer: \_\_\_\_\_ Title: \_\_\_\_\_ Ownership%: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_ DOB: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Social Security # \_\_\_\_\_ Driver's License # \_\_\_\_\_ State \_\_\_\_\_

Owner or Officer: \_\_\_\_\_ Title: \_\_\_\_\_ Ownership%: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_ DOB: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Social Security # \_\_\_\_\_ Driver's License # \_\_\_\_\_ State \_\_\_\_\_

Owner or Officer: \_\_\_\_\_ Title: \_\_\_\_\_ Ownership%: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_ DOB: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Social Security # \_\_\_\_\_ Driver's License # \_\_\_\_\_ State \_\_\_\_\_

Bank Account Information: Check one: (\_\_\_\_) Personal (\_\_\_\_) Business

Account Name: \_\_\_\_\_ Account #: \_\_\_\_\_ Routing #: \_\_\_\_\_

Name of Bank: \_\_\_\_\_ Address: \_\_\_\_\_ Since: \_\_\_\_\_

Any outstanding Loans ? \_\_\_\_\_ If so what is collateral \_\_\_\_\_ Balance owed? \_\_\_\_\_ Current? \_\_\_\_\_

Preferred method of funding: Pick up Check \_\_\_\_\_ Direct Deposit \_\_\_\_\_ Wire (\$25.00 charge) \_\_\_\_\_

Professional References:

Attorney \_\_\_\_\_ Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Accountant: \_\_\_\_\_ Address: \_\_\_\_\_ Phone# \_\_\_\_\_

Who Referred you to J.O.B.E. ? \_\_\_\_\_

\_\_\_\_\_  
Initials

**Receivables Information:**

Name of current/previous Factoring Company \_\_\_\_\_ When: \_\_\_\_\_ Phone # \_\_\_\_\_

Monthly Revenues: \$ \_\_\_\_\_ Anticipated Monthly Factoring Volume: \$ \_\_\_\_\_ Approximate Number of Invoices per Month \_\_\_\_\_

Any "Work in Progress" Billing? \_\_\_\_\_ If Yes What % of Total? \_\_\_\_\_ Invoice Preparation Frequency (circle one): Sporadic Daily Weekly Monthly

Who prepares your invoices? \_\_\_\_\_ Does your Customer require Purchase Orders? \_\_\_\_\_

What other documentation is required for payment of invoice? \_\_\_\_\_

Do you require Credit Applications from your clients? \_\_\_\_\_ What other information do you require? \_\_\_\_\_

**Support information:**

Insurance Agent: \_\_\_\_\_ Contact \_\_\_\_\_ Type of Coverage: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Authority:**

US Dot# \_\_\_\_\_ Texas DOT# \_\_\_\_\_ MC# \_\_\_\_\_

**PLEASE LIST 3 LARGEST CUSTOMERS YOU WISH TO FACTOR(if more than 3, please attach separate page(s):**

Company \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_ Monthly Sales \$ \_\_\_\_\_ Avg Inv. Amount \$ \_\_\_\_\_

Company \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_ Monthly Sales \$ \_\_\_\_\_ Avg Inv. Amount \$ \_\_\_\_\_

Company \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_ Monthly Sales \$ \_\_\_\_\_ Avg Inv. Amount \$ \_\_\_\_\_

**LIST NAME ADDRESS AND PHONE NUMBER OF MAJOR SUPPLIERS**

Company \_\_\_\_\_ Address (City, St, Zip) \_\_\_\_\_ (Area Code) Phone # \_\_\_\_\_

Company \_\_\_\_\_ Address (City, St, Zip) \_\_\_\_\_ (Area Code) Phone # \_\_\_\_\_

I understand this is not an application for credit. The intent of this application is for you to determine if a relationship between our two companies would be mutually beneficial. I authorize you to investigate the information I have supplied you with on this profile. I further authorize you to access any credit reporting agencies for which you are a member in your investigation of me or my company. I appoint you and your assigns as my agent and attorney in fact to sign and file UCC Financing Statements for the purpose of protecting your security interest under any agreements and transactions relating to our firms.

\_\_\_\_\_  
Signature Printed Name Date

\_\_\_\_\_  
Signature Printed Name Date

**Please compile the following information for our review. If a requested item is not currently available, please provide a brief explanation.**

\_\_\_\_\_ Copy of DBA filing or, if incorporated, copy of Certificate of Incorporation and Articles.

\_\_\_\_\_ Copy of last two (2) quarter-end 941 Payroll Tax Reports with proof of payment.

\_\_\_\_\_ Last year end Financial Statement. \_\_\_\_\_ Most recent Interim Financial Statement. \_\_\_\_\_ Most Recent Tax Return Filed

\_\_\_\_\_ Current Aging of Accounts Receivable \_\_\_\_\_ Current Accounts Payable Aging

\_\_\_\_\_ Master Customer List (include corporate addresses, phone numbers and MC# if applicable).

\_\_\_\_\_ Copies of Invoice Documentation for financing (Complete invoice documentation required, P.O., Contract, Proof of Delivery and/or other supporting documentation for the invoices).

\_\_\_\_\_ Copy of Driver's License

\_\_\_\_\_ **Transportation Companies: Copy of your ICC Authority, DOT Motor Carrier MC Certificate, Current Insurance Binder**