

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