



For quick processing of your Application, please fax completed Application and A/R Aging Report to Drake Finance Group, Inc. at: (305) 629-3237 or email info@drakefinance.com. For additional information on the professional services provided by our firm, please review our website: www.drakefinance.com.

BUSINESS INFORMATION

Name of Company: _____

DBA: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: () _____ Fax: () _____

Email Address: _____ Website: _____

Federal Tax I.D. Number: _____

State Registered In: _____ County: _____

Is the Business:

Corporation Partnership LLC Sole Proprietor Other

Type of Business: _____

OWNERSHIP INFORMATION

Name: _____

% ownership: _____ Title: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Telephone: () _____ Cell: () _____

Email Address: _____

Social Security Number: _____

LIST OTHER OWNERS/PARTNERS

(Please use a separate piece of paper if there are more than 2 owners/partners)

Name: _____

% ownership: _____ Title: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Telephone: () _____ Cell: () _____

Email Address: _____

Social Security Number: _____

Dollar Amount of Commercial Accounts Receivable now open:

Total Outstanding: \$ _____
Current _____
30 Days Old \$ _____
60 Days Old \$ _____
90 Days Old \$ _____

Please also attach a current A/R aging with your Application if available. If you are a start up business, please simply put \$0 in the above table.

**We will need this information to be able to issue you an answer.*

Name of 4 largest Accounts to be Factored:
(Please supply the complete name, address and credit limit)

Customer Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Average Monthly Sales for this customer: \$ _____ Average Time it takes to get paid: _____ Days
Credit Line Desired for this customer: \$ _____

Customer Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Average Monthly Sales for this customer: \$ _____ Average Time it takes to get paid: _____ Days
Credit Line Desired for this customer: \$ _____

Customer Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Average Monthly Sales for this customer: \$ _____ Average Time it takes to get paid: _____ Days
Credit Line Desired for this customer: \$ _____

Customer Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Average Monthly Sales for this customer: \$ _____ Average Time it takes to get paid: _____ Days
Credit Line Desired for this customer: \$ _____

Where did you hear about us? _____

By submitting this Application, you authorize Drake Finance Group, Inc. to use any credit bureau or business to verify any information that is provided.

Signature: _____ Date: _____