



FACTORING

APPLICATION

"Factoring Solutions Fueled by Love's."

COMPANY INFORMATION

Contact Name: _____ Title: _____

Legal Business Name: _____

Trade or DBA (Doing Business As) Name(s): _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail Address: _____

Federal Tax ID Number: _____ MC Number: _____

Type of Entity: Corporation LLC Partnership Proprietorship

Year Incorporated/Formed: _____ State Incorporated/Formed: _____

Length of current ownership: _____

Has your company ever filed for bankruptcy? Yes No If yes, when? _____

Does your company currently factor receivables? Yes No If yes, name of current factor: _____

Are state and federal taxes current? Yes No If no, amount past due \$: _____

If not, have any tax liens been files? Yes No If yes, current balance \$: _____

OPERATIONS

Number of Company Trucks: _____ Number of Owner Operators: _____

FMCSA Authority: Contract Common Brokerage

If Brokerage, please list Name and MC #: _____

Carrier Type: Truckload LTL Refrigerated Flatbed

Tanker Dry Van Specialized

Average monthly sales: _____

OWNERSHIP INFORMATION

(Please list all owners or stockholders with 20% or more ownership)
If you need more space, please attach an extra page.

Name: _____ Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone Number: _____ Social Security Number: _____ Ownership %: _____

Pursuant to the Fair Credit Reporting Act, the individual below does hereby grant Love's Solutions, LLC permission to request, obtain and review such personal credit information as may be supplied by any credit reporting agency.

Individual Signature: _____ Date: _____

Name: _____ Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone Number: _____ Social Security Number: _____ Ownership %: _____

Pursuant to the Fair Credit Reporting Act, the individual below does hereby grant Love's Solutions, LLC permission to request, obtain and review such personal credit information as may be supplied by any credit reporting agency.

Individual Signature: _____ Date: _____

Have any of the owners / stockholders filed for bankruptcy? Yes No

If yes, who and when? _____

INCLUDE

Thank you for sharing information about your company. To further expedite processing, please include the following with your application.

- Most recent detailed accounts receivable aging with address listings.
- Copies of all operating authorities.
- Certificate of insurance (cargo).
- One sample of a recent customer invoice with corresponding rate sheet and bill of lading.
- Certificate of Incorporation/Organization or DBA Certificate.

The information supplied in this Application and all forms and documents submitted to Love's Solutions, LLC in connection herewith is true and correct to the best of my knowledge and belief. I/we hereby authorize Love's Solutions, LLC to investigate my/our financial responsibility and credit worthiness and will provide financial statements, tax returns, etc, as Love's Solutions, LLC deems necessary. I/we grant Love's Solutions, LLC the right to procure any and all credit reports pertaining to any part of this application.

Signed By: _____
Printed Name Signature

Title: _____ Date: _____

PLEASE FORWARD TO:


Amanda Rudd

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