



**CAPITAL MONTEREY LLC**  
**Application for Financing**  
(Example of Factoring Form)

To assist Capital Monterey, LLC in its evaluation of whether to acquire Invoices issued by applicant ("Company"), we represent and warrant to you, the following information about the Company, its organizational structure, and other matters of interest to you.

**BUSINESS INFORMATION**

Legal Name of Company: \_\_\_\_\_

Registered Trade Name (D.B.A.): \_\_\_\_\_

*Corporate Headquarters:*

Street Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Primary Contact regarding this Application: \_\_\_\_\_

Web Address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Years in Business: \_\_\_\_\_ State Business Established: \_\_\_\_\_

Is Business a: Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ LLC \_\_\_\_\_ Individual \_\_\_\_\_ Other \_\_\_\_\_

Describe Business/Products: \_\_\_\_\_

Any subsidiaries, licensees, or affiliates? Yes \_\_\_\_\_ No \_\_\_\_\_

Has company ever filed for bankruptcy? Yes \_\_\_\_\_ No \_\_\_\_\_

Any Federal or State taxes past due? Yes \_\_\_\_\_ No \_\_\_\_\_

Are there any judgments pending by or against the company?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there any pending or threatened litigation against the company?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Federal Tax ID: \_\_\_\_\_

**PRINCIPALS OF BUSINESS**

Name: \_\_\_\_\_ Title: \_\_\_\_\_ % Owned \_\_\_\_\_

Social Security #: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ % Owned \_\_\_\_\_

Social Security #: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ % Owned \_\_\_\_\_

Social Security #: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

If there are additional Principals, provide details on a separate sheet of paper.

Have any of the Principals of this Business ever filed for bankruptcy? Yes \_\_\_\_\_ No \_\_\_\_\_

Is there litigation pending against this business or the principals? Yes \_\_\_\_\_ No \_\_\_\_\_

**BUSINESS LOANS**

Financial Institution: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Loan Amount: \$ \_\_\_\_\_

Are Accounts Receivable and/or inventory pledged as collateral? Yes \_\_\_\_\_ No \_\_\_\_\_

**ACCOUNTS RECEIVABLE INFORMATION**

Amount of open Receivables (Total Outstanding): \$ \_\_\_\_\_

Aging of Receivables (\$ Amount): 0-30 days: \$ \_\_\_\_\_

31-60 days: \$ \_\_\_\_\_

61-90 days: \$ \_\_\_\_\_

Over 90 days: \$ \_\_\_\_\_

Is business currently or has it previously factored its receivables? Yes \_\_\_\_\_ No \_\_\_\_\_

If currently factoring, with whom? \_\_\_\_\_

Average monthly amount company wants to factor: \$ \_\_\_\_\_

**LIST 3 LARGEST ACCOUNTS YOU EXPECT TO FACTOR**

**Company Name:** \_\_\_\_\_

Monthly Sales to Account: \$ \_\_\_\_\_ Desired amount of credit \$ \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Company Name:** \_\_\_\_\_

Monthly Sales to Account: \$ \_\_\_\_\_ Desired amount of credit \$ \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Company Name:** \_\_\_\_\_

Monthly Sales to Account: \$ \_\_\_\_\_ Desired amount of credit \$ \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Where did you hear about us? \_\_\_\_\_

***I/We certify as to the accuracy of the information provide and understand that you will be relying on the accuracy of this information when evaluating our Company's Application. By submitting this Application either by FAX or electronically, Company authorizes Capital Monterey to use any credit bureau or business to verify any information that is provided. I/We further authorize Factor to file a financing statement in order to complete this Application.***

**Date** \_\_\_\_\_

\_\_\_\_\_  
**Signature of President or  
Other Officer/Principal**

**Date** \_\_\_\_\_

\_\_\_\_\_  
**Additional Officer/Principal**

## Supporting Documentation

To expedite application evaluation, please enclose the following, if available:

1. If a start-up and available, Copy of Business Plan;
2. Accounts Receivable Aging Report;
3. Accounts Payable Aging Report
4. For prior year and Year-to-date: Profit & Loss Statement and Balance Sheets.

For quick processing of your Application, please fax completed form to Capital Monterey, LLC at (831) 402 - - - -. You can also email a completed application to [info@capitalmonterey.com](mailto:info@capitalmonterey.com). Finally, you can mail a completed application to: 484 B Washington St., Suite 102, Monterey, CA 93940.

For additional information about Capital Monterey, LLC and our services, please review our website at: [www.capitalmonterey.com](http://www.capitalmonterey.com)

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