

Strictly Confidential

Working Capital Company
www.working-capital.com
985 Moraga Road • Suite 210
P.O. Box 7007
Lafayette, CA 94549
Phone: 800-899-3836
Fax: 925-283-7755

recommended by: Funding Factoring Solutions
www.funding-factoring-solutions.com

APPLICATION

To apply for a factoring relationship with WORKING CAPITAL COMPANY, INC.,
Please complete this application and return to us together with items from the checklist.

GENERAL

1. Business name _____

a. List all fictitious name(s) or DBA(s) _____

2. Address _____ City _____ State _____ Zip _____

If at above address less than one year, list previous address(es)

Address _____ City _____ State _____ Zip _____

3. Telephone _____ Cell Phone _____ Fax _____

4. Email _____ Website _____

5. Type of business _____

6. Federal Tax I.D. # _____ 7. Years in business (this entity) _____ 8. No. of employees _____

9. If more than one place of business, list additional address(es)

Address _____ City _____ State _____

Zip _____

Address _____ City _____ State _____

Zip _____

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Corporation or LLC - (OMIT THIS SECTION IF NOT A CORPORATION)

State of Incorporation _____ Date of
incorporation _____

List full names, home addresses, telephone numbers, social security numbers, and dates of birth of all shareholders. Please account for 100% ownership.

President (Full Legal Name)

Name Married? YES / NO Spouse Name

Home Address:

City:

State Zip

Home Telephone Social Security - - Date of Birth / /
(MMDDYY)

Own Home? YES / NO % ownership of business Drivers License
State

Corporate Secretary (Please include the name of the Corporate Secretary even if not a shareholder)

Name Married? YES / NO Spouse Name
(Full Legal Name)

Home Address:

City:

State: Zip

Home Telephone Social Security - - Date of Birth / /
(MMDDYY)

Own Home? YES / NO % ownership of business Drivers License State

Other position

Title:

Name: Married? YES / NO Spouse Name
(Full Legal Name)

Home Address City State Zip

Home Telephone Social Security - - Date of Birth / /
(MMDDYY)

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This serves as my permission for the release of any information regarding this application for the purpose of credit investigation to Working Capital Company, Inc. The above statements are true and accurate to the best of my knowledge and belief.

Date:

Signed:

Name:

Title

INFORMATION REQUIRED:

- Most recent financial statement available, dated within the past year.
- Copy of Fictitious Business Name statement if using a fictitious name.
- Copy of Partnership Agreement (if a partnership).
- Copy of Articles of Incorporation cover page including Secretary of State stamp and file number (if corporation).
- Copy of Foreign Corporate Business Registration (if applicable).
- Copy of Articles of Organization (if LLC).
- Copies of existing factoring contract and UCC-1 filings (if any).
- Accounts receivable aging (if any).

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