



CSI FACTORING LLC
Financial Solutions & Services

FACTORING APPLICATION

12000 E 47th Ave, Suite 402

Denver, CO 80239

info@csifactoring.com

Phone (303) 373-1000

Fax (303) 373-4424

Company Profile									
Full Legal Name of Business					Phone				
Other Trade Name(s) DBA's of Business					Fax				
Address					Date Established				
City, State, ZIP			County		Email				
Line of Business (Describe)					<input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LLC <input type="checkbox"/> INDIVIDUAL				
Prior Business Name(s) in Past Five Years									
Owners/Officers/LLC Members Please account for 100%									
1. Name								Title	
Home Address, City, State, Zip					<input type="checkbox"/> OWN		<input type="checkbox"/> RENT		
Drivers License #				State		Percentage of Ownership			
Social Security #				Date of Birth		Home Phone			
2. Name								Title	
Home Address, City, State, Zip					<input type="checkbox"/> OWN		<input type="checkbox"/> RENT		
Drivers License #				State		Percentage of Ownership			
Social Security #				Date of Birth		Home Phone			
3. Name								Title	
Home Address, City, State, Zip					<input type="checkbox"/> OWN		<input type="checkbox"/> RENT		
Drivers License #				State		Percentage of Ownership			
Social Security #				Date of Birth		Home Phone			
Financial Information									
Business Bank					Phone				
Complete Address					Acct.#				
Federal Tax ID Number				State Tax ID Number					
Any Past Taxes Due? (Y/N)			Amt: \$		Agency		Installment Agreement (Y/N)		
Date of Last 941 Filing			Amt: \$						
Personal References									
Nearest Relative				Phone		Relationship			
Home Address, City, State, Zip									
Name								Phone	
Home Address, City, State, Zip									
Relationship									
Business Loans									
1. Lender					Amount Owed		Collateral		
2. Lender					Amount Owed		Collateral		
Account Information									
A/R Outstanding					Average Monthly Sales				
Average Invoice Amount \$				Approximate # of Accounts			Terms of Sale		
Amount you intend to factor on a monthly basis \$				How soon do you plan to start factoring?					
Have you ever been factored before?				With Whom?					

Customer List Please List the 5 largest customers you wish to factor

Name	Address, City, State, Zip	Phone	Approx. No. Sales

Documentation The following must be provided to CSI Financial in order to process your application

Organizational Documents	<input type="checkbox"/> Articles of Incorporation (CORPS) <input type="checkbox"/> Statement of Domestic Stock (CORPS) <input type="checkbox"/> Articles of LLC (LLC)		
	<input type="checkbox"/> Partnership Agreements (Partnership) <input type="checkbox"/> DBA Filings/Fictitious Business Filings		

Who referred you to CSI Factoring LLC?	
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The Undersigned hereby declares that the information provided in this application is true and correct to the best of his/her knowledge. The undersigned without further notice hereby authorizes CSI Financial LLC, CSI Factoring LLC and CSI Holdings LLC to make whatever inquiries deemed necessary concerning the parties listed herein for the purpose of evaluating the application, including but not limited to Credit Bureau Report. CSI Financial LLC, CSI Factoring LLC and CSI Holdings LLC are also authorized to provide any and all credit information relating to the parties herein to other creditors and/or credit reporting agencies. Applicant represents that applicant will use any and all monies borrowed primarily for the purpose other than personal, family or household usage. All applicants must sign and date below.

Date		Signature		Title	
Date		Signature		Title	
Date		Signature		Title	

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