

# Quick Application

For quick processing of your application, please scan and email the application to [info@ucfunding.com](mailto:info@ucfunding.com). For additional information on the professional services provided by our firm, please review our website: [www.ucfunding.com](http://www.ucfunding.com).

## BUSINESS INFORMATION

Name of Company (Full Legal Name): \_\_\_\_\_

DBA: \_\_\_\_\_

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

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

Telephone: (        ) \_\_\_\_\_ Fax: (        ) \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Federal Tax I.D. Number: \_\_\_\_\_ NAICS Code: \_\_\_\_\_

State registered in: \_\_\_\_\_ County: \_\_\_\_\_ Business start date: \_\_\_\_\_

Is the business a...    Corporation       Partnership       LLC       Sole Proprietor       Other

Type of business/Industry: \_\_\_\_\_

Where did you hear about us? (Google search, broker, Factor Finders, etc.) \_\_\_\_\_

**OWNERSHIP INFORMATION** Please note that any additional owners with 20% or more ownership are required to complete a Credit Check and Release Form. A form will be provided after the application is submitted.

Full Legal Name: \_\_\_\_\_

% ownership: \_\_\_\_\_ Title: \_\_\_\_\_

Home address: \_\_\_\_\_

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

Telephone: (        ) \_\_\_\_\_ Cell: (        ) \_\_\_\_\_

Email: \_\_\_\_\_

Social security number: \_\_\_\_\_

*We only run a soft credit inquiry, which will not impact your credit score. Social security numbers are required to fully process the application, but we can gather this information through a Credit Check and Release Authorization form through email if you prefer not to submit it now.*

**LIST OTHER OWNERS/PARTNERS** *(Please use a separate piece of paper if there are more than two owners/partners)*

Name: \_\_\_\_\_

% ownership: \_\_\_\_\_ Title: \_\_\_\_\_

Home address: \_\_\_\_\_

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

Telephone: (        ) \_\_\_\_\_ Cell: (        ) \_\_\_\_\_

Email: \_\_\_\_\_

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.

- Do you currently have a loan or line of credit for the business? Yes  No   
If yes, to whom? \_\_\_\_\_
- Are you currently factoring? Yes  No   
If yes, with whom? \_\_\_\_\_
- Do you have a contract? Yes  No   
Expiration date of the contract: \_\_\_\_\_
- Do you process your own payroll? Yes  No
- Have you ever filed for personal/corporate bankruptcy? Yes  No
- Any Federal or State taxes past due? Yes  No
- Are there any judgements pending by or against this company? Yes  No
- Any pending or threatened litigation against the company or any principal? Yes  No

**NAME OF 4 LARGEST ACCOUNTS TO BE FACTORED:** Please supply the complete name, street address and requested credit limit

**Your Customer's Name:** \_\_\_\_\_

Customer's Street Address (No PO Box): \_\_\_\_\_

Customer's City: \_\_\_\_\_ Customer's State: \_\_\_\_\_ Customer's Zip: \_\_\_\_\_

Requested credit limit for this customer: \$ \_\_\_\_\_ Current outstanding accounts receivables: \$ \_\_\_\_\_

Average monthly sales for this customer: \$ \_\_\_\_\_ Average time it takes to be paid: \_\_\_\_\_ days

**Your Customer's Name:** \_\_\_\_\_

Customer's Street Address (No PO Box): \_\_\_\_\_

Customer's City: \_\_\_\_\_ Customer's State: \_\_\_\_\_ Customer's Zip: \_\_\_\_\_

Requested credit limit for this customer: \$ \_\_\_\_\_ Current outstanding accounts receivables: \$ \_\_\_\_\_

Average monthly sales for this customer: \$ \_\_\_\_\_ Average time it takes to be paid: \_\_\_\_\_ days

**Your Customer's Name:** \_\_\_\_\_

Customer's Street Address (No PO Box): \_\_\_\_\_

Customer's City: \_\_\_\_\_ Customer's State: \_\_\_\_\_ Customer's Zip: \_\_\_\_\_

Requested credit limit for this customer: \$ \_\_\_\_\_ Current outstanding accounts receivables: \$ \_\_\_\_\_

Average monthly sales for this customer: \$ \_\_\_\_\_ Average time it takes to be paid: \_\_\_\_\_ days

**Your Customer's Name:** \_\_\_\_\_

Customer's Street Address (No PO Box): \_\_\_\_\_

Customer's City: \_\_\_\_\_ Customer's State: \_\_\_\_\_ Customer's Zip: \_\_\_\_\_

Requested credit limit for this customer: \$ \_\_\_\_\_ Current outstanding accounts receivables: \$ \_\_\_\_\_

Average monthly sales for this customer: \$ \_\_\_\_\_ Average time it takes to be paid: \_\_\_\_\_ days

*By submitting this application, you authorize United Capital Funding to use any credit bureau or business to verify any information that is provided. United Capital Funding Group, LLC is a wholly owned subsidiary (WOS) of Gulf Coast Bank & Trust Company, New Orleans, Louisiana. Gulf Coast Bank & Trust Company is an FDIC-insured commercial bank.*

\_\_\_\_\_  
Print name Signature Date

\_\_\_\_\_  
Print name of second owner (if applicable) Signature Date

EMAIL US AT  
INFO@UCFUNDING.COM



**UNITED CAPITAL FUNDING**  
INTELLIGENT.WORKING.CAPITAL™

GIVE US A CALL AT  
877.894.8232