



Tetra Capital, LLC
6995 Union Park Center, Suite 360
Cottonwood Heights, UT 84047
(phone) 877.487.1887(fax) 877.734.1051

FACTORING CREDIT APPLICATION

GENERAL BUSINESS INFORMATION

In order to expedite the approval process, please fill out this application completely. If approval is given, additional information may be required prior to funding.

Business Name: \_\_\_\_\_ Date Est.: \_\_\_\_\_ County: \_\_\_\_\_
Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell: \_\_\_\_\_
E-Mail: \_\_\_\_\_ Fax: \_\_\_\_\_
Legal Status [ ] Corporation [ ] LLC [ ] S. Proprietorship [ ] Partnership Number of Trucks: \_\_\_\_\_
Federal I.D. Number: \_\_\_\_\_ Type and Description of Business: \_\_\_\_\_
Taxes Past Due? [ ] Yes [ ] No If yes, Type/Amount: \_\_\_\_\_ Tax Lien Filed [ ] Yes [ ] No
Personal Taxes Past Due? [ ] Yes [ ] No MC Number: \_\_\_\_\_

OFFICERS, OWNERS AND PARTNERS

Please list any additional owners on a separate sheet. Please account for 100% ownership interest.

Name & Title: \_\_\_\_\_ Name & Title: \_\_\_\_\_
Percent Owned: \_\_\_\_\_ Percent Owned: \_\_\_\_\_
Driver's License #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_
Home Street Address: \_\_\_\_\_ Home Street Address: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_
Social Security Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_
Date of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

BUSINESS BANKING INFORMATION

FACTORING ACCOUNT INFORMATION

Name of Bank: \_\_\_\_\_ Do You Currently Factor: [ ] Yes [ ] No
City: \_\_\_\_\_ If Yes, With Whom: \_\_\_\_\_
Phone: \_\_\_\_\_ Date Opened: \_\_\_\_\_ Have You Factored Before: [ ] Yes [ ] No
Checking Account Number: \_\_\_\_\_ If Yes, With Whom: \_\_\_\_\_
Any Commercial Loans Outstanding? [ ] Yes [ ] No Anticipated Monthly Factoring Volume: \$ \_\_\_\_\_
Amount: \$ \_\_\_\_\_ Collateral Pledged: \_\_\_\_\_ Current Account Balance Outstanding: \$ \_\_\_\_\_
Contact Name: \_\_\_\_\_ How Did You Find Out About Tetra? \_\_\_\_\_

ITEMS REQUIRED TO COMPLETE THE SETUP OF A NEW ACCOUNT

Please include the appropriate support information with your completed application, please contact us with any questions.

- [ ] Articles of Organization [ ] Liability & Cargo Ins. (name Tetra Capital as cert. holder)
[ ] Customer List [ ] Copy of a Voided Check
[ ] Accounts Receivable Aging [ ] Copy of Operating Authority (MC# \_\_\_\_\_)
[ ] Trade References (3) [ ] W-9 Form [ ] Copy of Applicant(s) Driver's License(s)

SIGNATURE & AUTHORIZATION

I understand that the submission of this application to Tetra Capital, LLC (hereinafter Tetra) does not obligate Tetra to factor/finance or provide any financial services whatsoever. The above statements are true and correct to the best of my information and belief. This serves as my permission for the release of any information to Tetra regarding this application for the purpose of credit investigation. I hereby authorize Tetra to investigate the credit of all parties listed above. I also herein authorize Tetra to contact our customers to verify payment history.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Name and Title: \_\_\_\_\_
Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Name and Title: \_\_\_\_\_