

# Accounts Receivable Financing Application

Transportation Division



www.stearnsfs.com

## Company Profile

Company Name		DBA			
Address		City	State	Zip	
Mailing Address		City	State	Zip	
Telephone	Fax	E-Mail		Fed I.D. Number	
ICC-FHWA Number	DUNS Number	USDOT Number		Year Est.	Total Employees
Type of Business <input type="checkbox"/> Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> S-Corp <input type="checkbox"/> Corporation			State	Year Filed	<input type="checkbox"/> Common Carrier <input type="checkbox"/> Contract Carrier

## Owners/Officers

Name		Title			% Ownership
Home Address		City	State	Zip	Own or Rent?
Home Telephone	DOB	Social Security Number			
Driver's License Number		State Issued		Expiration Date	
Name		Title			% Ownership
Home Address		City	State	Zip	Own or Rent?
Home Telephone	DOB	Social Security Number			
Driver's License Number		State Issued		Expiration Date	
Name		Title			% Ownership
Home Address		City	State	Zip	Own or Rent?
Home Telephone	DOB	Social Security Number			
Driver's License Number		State Issued		Expiration Date	
Name		Title			% Ownership
Home Address		City	State	Zip	Own or Rent?
Home Telephone	DOB	Social Security Number			
Driver's License Number		State Issued		Expiration Date	

## Drivers/Equipment Quantity

Company Drivers (#)		Power Units Owned		Trailers Owned
Owner Operators (#)		Power Units Leased		Trailers Leased
Total		Total		Total

## Customers *(Please list your four largest customers)*

Company		Contact		% of Total Outstanding
Address		City	State	Zip
Telephone	Fax	Monthly Volume (\$)	Customer Since	
Company		Contact		% of Total Outstanding
Address		City	State	Zip
Telephone	Fax	Monthly Volume (\$)	Customer Since	
Company		Contact		% of Total Outstanding
Address		City	State	Zip
Telephone	Fax	Monthly Volume (\$)	Customer Since	
Company		Contact		% of Total Outstanding
Address		City	State	Zip
Telephone	Fax	Monthly Volume (\$)	Customer Since	

## Equipment References

Company		Contact
Telephone	Fax	Account Number
Company		Contact
Telephone	Fax	Account Number
Company		Contact
Telephone	Fax	Account Number

## Bank References

Institution		Contact	
Address		City	State    Zip
Telephone	Fax	Account Number <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Installment Loan <input type="checkbox"/> Lease <input type="checkbox"/> Other	
Institution		Contact	
Address		City	State    Zip
Telephone	Fax	Account Number <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Installment Loan <input type="checkbox"/> Lease <input type="checkbox"/> Other	
Institution		Contact	
Address		City	State    Zip
Telephone	Fax	Account Number <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Installment Loan <input type="checkbox"/> Lease <input type="checkbox"/> Other	

## Transportation References *(Please list additional transportation references not listed previously)*

Contact	Telephone	Fax
City	State	Zip
Contact	Telephone	Fax
City	State	Zip
Contact	Telephone	Fax
City	State	Zip

## Fuel Supplier Information

Who are your preferred fuel suppliers?	1.	2.	3.
What is your preferred method of payment?	1.	2.	3.
What is your frequency of settlement?	<input type="checkbox"/> Daily <input type="checkbox"/> Semi-Weekly <input type="checkbox"/> Weekly <input type="checkbox"/> Other:		

## Miscellaneous Information

What is the estimated monthly volume you wish to factor or finance? (\$)	What is your avg. invoice amount?	What is your avg. length of haul?
When do your base plates renew? (m/d/y)	Amount (\$)	
When does your insurance renew? (m/d/y) (Liability, Property & Casualty, Cargo)	Amount (\$)	

## Miscellaneous Information *(continued)*

Do you purchase products or services from your customers? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you given a security interest in, or made an assignment of, your accounts receivable or inventory as collateral to any other creditor? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, to whom? (Name)	Telephone	Fax	Contact
Address	City	State	Zip

### **Have you, this company, its officers or directors, or any affiliated companies ever...**

Been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Filed bankruptcy or had a petition in bankruptcy filed against it?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Made an assignment for the benefit of creditors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Had a receiver appointed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Had or have a Federal, State, County, or Municipal lien/levy filed against it?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Been involved or are currently engaged in, or threatened with any litigation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you owe any federal or state taxes?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### **To expedite the approval process, please complete/attach the items below:**

- |   |   |
|---|---|
| 1. This Application   | 7. Copy of Organizational Documents and/or DBA Filing     |
| 2. ICC Authority  | 8. Certificate of Insurance                               |
| 3. Financial Statement (Business)                                   | 9. Financial Statement (Personal)                         |
| 4. Accounts Receivable Aging  | 10. Accounts Payable Aging                                |
| 5. A Copy of a Completed Invoice with Supporting Documents          | 11. Customer List with Address, Zip Code, & Phone Numbers |
| 6. Federal Tax Returns - Business and Personal (previous two years) |   |

By executing this application, the undersigned certifies to the following: The information set forth in this application and in the documents, schedules, reports, statements, and/or other information provided to Stearns Financial Services with or pursuant to this application are full, true, correct, and complete and accurately reflect such information on the date(s) thereof; that Stearns Financial Services is authorized to request, receive, and verify credit reports and other financial information regarding applicant and its business that Stearns Financial Services deems necessary and appropriate; that Stearns Financial Services is authorized to execute in the name of the undersigned person(s) and file against the undersigned person(s) in favor of Stearns Financial Services financing statements with respect to the undersigned person(s) assets; and that Stearns Financial Services is authorized to inquire of, investigate, confirm, and verify any information contained in this application, in any documents, schedules, reports, statements, and/or other information provided under or pursuant to this application, or learned by Stearns Financial Services as part of its investigation and review of this application, applicant, or applicant's business.

### **All owners/officers listed above must complete and sign below:**

Signature: _____	Date: _____
Name (print): _____	Title: _____
Signature: _____	Date: _____
Name (print): _____	Title: _____
Signature: _____	Date: _____
Name (print): _____	Title: _____
Signature: _____	Date: _____
Name (print): _____	Title: _____