

LKD Funding, LLC

806-698-1907
800-307-6110 Fax

PO Box 6945
Lubbock Tx 79493

Application Form

Date: _____
Name: _____ Title: _____
Company Name: _____ Phone: _____
Address: _____ Fax: _____
City, State, Zip: _____ Cell: _____
Referred by: _____ Email: _____

Sole Proprietor Partnership LLC Corporation FEIN or SS # _____
Avg. volume to factor - Monthly: _____ Approx. # of customers: _____
Avg. Invoice Size: _____ Approx. # to factor: _____

Taxes due or past due: None Local \$ _____ State \$ _____ Federal \$ _____

Litigation/Judgments: Yes No (If Yes, please describe on separate sheet)

UCC Filings: _____ Bank Loans: _____
Collateral: _____

<u>Customers you wish to factor:</u>	<i>Avg.</i>	<i>Avg. Mo.</i>	<i>Credit</i>	
	<i>Invoice</i>	<i>Amt.</i>	<i>Terms</i>	<i>Avg.</i>
<i>Co. Name, City, State</i>	<i>Amt.</i>	<i>to Factor</i>	<i>You Give</i>	<i>Pmt. Time</i>

- 1)
- 2)
- 3)

Banking Information

Name of Bank _____
Checking Acct # _____ Routing # _____

The foregoing information is true and correct to the best of my knowledge and is given to induce LKD Funding, LLC to consider entering into a factoring agreement with this company. I hereby authorize LKD Funding, LLC or its agents to verify and investigate any or all of the foregoing statements, including but not limited to my/our credit worthiness and financial responsibility, in any way they may choose. I/We grant LKD Funding, LLC the right to procure any and all credit reports pertaining to any party listed in this application, including, but not limited to, all principals of the applicant company.

Agreed and consented to:

Signature _____ Print Name _____
Title _____ Date _____