



G Squared Funding

Account Receivable Factoring Application

Business Exact Legal Name: _____ State of Incorporation: _____
 Date Established: _____ Type of Business: _____
 Street Address: _____ City: _____ State: _____ Zip: _____
 Business Phone: _____ Business Fax: _____
 E-Mail: _____ Website: _____

Company Owners

Full Legal Name: _____ DL #: _____ DOB: _____
 Title: _____ Soc Sec: _____ E-Mail: _____
 Home Phone Number: _____ Cell Phone Number: _____
 Street Address: _____ City: _____ State: _____ Zip: _____

Full Legal Name: _____ DL #: _____ DOB: _____
 Title: _____ Soc Sec: _____ E-Mail: _____
 Home Phone Number: _____ Cell Phone Number: _____
 Street Address: _____ City: _____ State: _____ Zip: _____

General Information

Federal ID No.: _____ MC #: _____ Who referred you to us? _____

Are you factoring now or have you factored before? _____

If yes, with what company? _____ Do you have a Letter of Release? _____

Do you have any outstanding judgements or liens? _____

Are you currently under the protection of the United States Bankruptcy Laws? _____

I hereby certify that all information provided on this application is accurate and complete to the best of my knowledge. I authorize G Squared Funding, LLC ("GSF") to procure credit reports, verifications and other information which, in its sole discretion, is deemed appropriate for completing its credit evaluation. I provide authorization, on a continuing basis, for any person or business to release any and all credit reports or verifications to GSF. I further authorize GSF to file the appropriate UCC financing statements, listing all assets as collateral, to secure any indebtedness which may be incurred as a result of this application.

Signature

Title

Date

Signature

Title

Date

FAX TO (770) 641-9962 FOR 24 HOUR APPROVAL PROCESS OR CALL (888) 942-7253 FOR QUESTIONS!

690 Village Trace NE, Building 21, Suite 2120, Marietta, GA 30067

PHONE (888) 942-7253 FAX (770) 641-9962

www.gsquaredfunding.com