



ASSIST FINANCIAL SERVICES, INC  
 1533 NW 2<sup>ND</sup> STREET, PO BOX 347  
 MADISON, SD 57042  
 E-MAIL: rickb@assistfinancialservices.com  
 PHONE: 877-287-3835 X 1004 FAX: 866-704-9701

COMPLETED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

**APPLICATION**

Company: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

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

Owner's Social Security #: \_\_\_\_\_

City, St, Zip: \_\_\_\_\_

% of Ownership: \_\_\_\_\_

Phone #: \_\_\_\_\_

Spouses/Partner/Secretary Name: \_\_\_\_\_

Fax #: \_\_\_\_\_

Social Security #: \_\_\_\_\_

MC#: \_\_\_\_\_

% of Ownership: \_\_\_\_\_

Federal ID#: \_\_\_\_\_

Owner's Phone #: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail: \_\_\_\_\_

How did you hear about AFS? \_\_\_\_\_

Incorporated? Yes\_\_ No\_\_ If yes, what state?\_\_

Legal Business Name \_\_\_\_\_

Currently factoring? Yes\_\_ No\_\_ Name of Factor \_\_\_\_\_

Previously factored? Yes\_\_ No\_\_ Name of Factor \_\_\_\_\_

Estimated amount to factor each month: \$ \_\_\_\_\_

Payroll Taxes current? Yes\_\_ No\_\_ Federal/State Tax Liens? Yes\_\_ No\_\_ Number of owned trucks: \_\_\_\_\_

Number of trucks leased under you: \_\_\_\_\_ Number of: Flatbed\_\_ Dry Van\_\_ Reefer\_\_ Other\_\_

List type(s) of freight that is hauled: \_\_\_\_\_

Currently hauling for: Brokers\_\_ Shippers\_\_ Both\_\_

List the main customers that you haul for with monthly dollar amount: (include name, address, ph number and brokerage MC#)

1. \_\_\_\_\_ \$ \_\_\_\_\_

2. \_\_\_\_\_ \$ \_\_\_\_\_

3. \_\_\_\_\_ \$ \_\_\_\_\_

**IMPORTANT: The following documents must accompany the application: \_\_ 2010 IFTA Registration**  
**\_\_ Certificate of Insurance for Liability/Cargo Coverage \_\_ Photocopy of Owner's Driver License**  
**\_\_ Current International Registration Program (IRP / tags) \_\_ Articles of Incorporation or Organization (if applicable)**

I/WE HAVE BEEN TOLD AND DO UNDERSTAND THAT THE SUBMISSION OF AN APPLICATION FOR FACTORING WITH ASSIST FINANCIAL SERVICES, INC. (HEREINAFTER AFS) DOES NOT MEAN THAT AFS WILL FACTOR/FINANCE OR PROVIDE ANY FINANCIAL SERVICES WHATSOEVER. I/WE HAVE BEEN TOLD AND DO UNDERSTAND THAT APPROVAL TO FACTOR/FINANCE MAY COME ONLY AFTER THE APPLICATION AND THE INVOICES/ACCOUNTS OFFERED ARE APPROVED IN ACCORDANCE WITH THE TERMS OF ASSIST FINANCIAL SERVICES' SECURITY AGREEMENT. THE ABOVE STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY/OUR INFORMATION AND BELIEF. THIS SERVES AS MY/OUR PERMISSION FOR THE RELEASE OF ANY INFORMATION REGARDING THIS APPLICATION FOR THE PURPOSES OF CREDIT INVESTIGATION TO ASSIST FINANCIAL SERVICES, INC.

Owner/President Signature: \_\_\_\_\_ Date: \_\_\_\_\_

How will these funds be used? \_\_x\_\_ Commercial purposes Personal/ Household purposes \_\_\_\_\_ Upon acceptance of this application, AFS will submit a UCC-1 Filing to your Secretary of State. By signing this application you are acknowledging and agreeing to this filing.

**We look forward to working for and with you as we help you and your business grow!**

ASSIST FINANCIAL SERVICES, INC  
 Please fax or E-mail to: (Toll Free) 866-704-9701 or rickb@rapidnet.com