



ASSIST FINANCIAL SERVICES, INC
 1533 NW 2ND STREET, PO BOX 347
 MADISON, SD 57024
 PHONE: 877-287-3835 x1004 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. _____ \$ _____

The following documents must accompany the application: ___ 2009 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? 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 to: (Toll Free) 866-704-9701