



ASSIST FINANCIAL SERVICES, INC
 1533 NW 2ND STREET, PO BOX 347
 MADISON, SD 57042
 Dawn Hildebrandt - PHONE & FAX 605-427-1018

APPLICATION

CUSTOMER COMPANY INFORMATION

CONTACT PERSON:		CONTACT TELEPHONE:		CONTACT EMAIL:	
COMPANY NAME:		ADDRESS:		CITY,ST ZIP:	
PHONE:	FAX:	MC NUMBER:	STATE:	FEDERAL ID NUMBER:	
INCORPORATED? YES NO		IF YES, WHAT STATE?		LEGAL BUSINESS NAME:	
PAYROLL TAXES CURRENT? YES NO		FEDERAL TAX LIENS? YES NO		STATE TAX LIENS? YES NO	
NUMBER OF OWNED TRUCKS:	NUMBER OF LEASED TRUCKS:	NUMBER OF: FLATBED DRY VAN REEFER OTHER			
TYPES OF FREIGHT HAULED	HOW DID YOU HEAR ABOUT AFS:	CURRENTLY HAULING FOR: BROKERS SHIPPERS BOTH			

OWNERSHIP INFORMATION

OWNER'S NAME:	OWNER'S NAME:	OWNER'S NAME:
SSN:	SSN:	SSN:
OWNERSHIP PERCENTAGE:	OWNERSHIP PERCENTAGE:	OWNERSHIP PERCENTAGE:
PHONE:	PHONE:	PHONE:
EMAIL:	EMAIL:	EMAIL:

FACTORING INFORMATION

CURRENTLY FACTORING: YES NO	NAME OF FACTOR:	PREVIOUSLY FACTORED: YES NO	NAME OF FACTOR:
---	-----------------	---	-----------------

TOTAL AMOUNT OF ACCOUNTS RECEIVABLE TO BE FACTORED MONTHLY: \$

LIST YOUR PRIMARY CUSTOMERS:

NAME	ADDRESS	TELEPHONE	MC NUMBER (BROKERS)	MONTHLY AMOUNT

*****IMPORTANT:** The following documents must accompany the application: ___

- ___ Certificate of Insurance for Liability/Cargo Coverage ___ Photocopy of Owner's Driver License
- ___ SIGNED Proposal ___ Articles of Incorporation or Organization (if applicable)
- ___ Letter of Operating Authority ___ W-9

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.

AFS GETS YOUR CASH FLOWING TO KEEP YOU ROLLING!

ASSIST FINANCIAL SERVICES, INC

Please fax to: 605-427-1018 OR Email to: dawn@assistfinancialservices.com