ASSIST FINANCIAL SERVICES, INC
1533 NW 2ND STREET, PO BOX 347
MADISON, SD 57042
KAREN TULLOSS - PHONE & FAX 605-427-1002

# APPLICATION

## CUSTOMER COMPANY INFORMATION

| | | |
|---|---|---|
| CONTACT PERSON: | CONTACT TELEPHONE: | CONTACT EMAIL: |
| COMPANY NAME: | ADDRESS: | CITY,ST ZIP: |

| | | | |
|---|---|---|---|
| PHONE: | FAX: | MC NUMBER: | 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: | PREVIOSLY 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 |
|---|---|---|---|---|
| | | | | |
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*****IMPORTANT: The following documents must accompany the application: ___ 2015 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)**
**___ 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. (HERINAFTER 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.

***AFS GETS YOUR CASH FLOWING TO KEEP YOU ROLLING!***

ASSIST FINANCIAL SERVICES, INC
Please fax to: 605-427-1002 OR Email to: karenb@assistfinancialservices.com