



PO Box 2738 - Visalia, CA 93279  
Phone: (559) 741-1301 Fax: (559) 741-1359

**ACCOUNT APPLICATION**

Date: \_\_\_\_\_

Company Name: \_\_\_\_\_ Date Established: \_\_\_\_\_

Primary Contact Full Name: \_\_\_\_\_

Business Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Business Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

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

City/State/Zip: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

MC #: \_\_\_\_\_ Federal Tax ID #: \_\_\_\_\_ State of Incorporation: \_\_\_\_\_

Carrier Authority (check all that apply): Common \_\_\_\_\_ Contract \_\_\_\_\_ Brokerage \_\_\_\_\_ Other \_\_\_\_\_

Legal Status: Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ LLC \_\_\_\_\_ Sole Proprietor \_\_\_\_\_

Number of Company Trucks: \_\_\_\_\_ Number of Owner Operators: \_\_\_\_\_

**OWNERS/OFFICERS/LLC MEMBERS** (please account for 100% ownership)

Full Legal Name: \_\_\_\_\_ Ownership Percent: \_\_\_\_\_

Home Address/City/State/Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email Address: \_\_\_\_\_

-----  
Full Legal Name: \_\_\_\_\_ Ownership Percent: \_\_\_\_\_

Home Address/City/State/Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email Address: \_\_\_\_\_

*(Please attach separate page for additional owners/officers/LLC members)*

## GENERAL INFORMATION

Average Monthly Sales: \$ \_\_\_\_\_ Amount of Open Receivables: \$ \_\_\_\_\_

Average Size Invoice: \$ \_\_\_\_\_ Approx Number of Accounts: \_\_\_\_\_

How much do you intend to factor on a monthly basis: \$ \_\_\_\_\_

Have you ever used the services of a factoring company before? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, what factoring company? \_\_\_\_\_ What Dates: \_\_\_\_\_

Do you have any outstanding liens/judgements? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what amount? \$ \_\_\_\_\_ Current on all taxes? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you currently under the protection of the United States Bankruptcy Laws? Yes \_\_\_\_\_ No \_\_\_\_\_

Where did you find out about us? Internet: \_\_\_\_\_ Mailer: \_\_\_\_\_ Other: \_\_\_\_\_

This serves as my permission for the release of any information regarding this application for the purpose of credit investigation of the company I represent or myself. Please begin the verification and remittance address change process for the accounts receivable submitted to you in order for us to qualify as a client. The above statements are true and accurate to the best of my information and belief. And if this application is approved the follow will apply:

1. I acknowledge that if a check is mailed to me belonging to Transwest Capital, I have 7 days from the time of receipt to forward the payment to Transwest Capital . If payment has not been received by Transwest Capital within the allotted time Transwest Capital reserves the right to charge a \$50.00 fee per check.
2. I acknowledge when Transwest Capital purchases an invoice, the invoice has been sold and is assigned payable only to Transwest Capital.
3. Transwest Capital reserves the right not to purchase invoices that are not credit worthy.
4. I hereby give Transwest Capital my permission to search and file any documentation they find necessary under the Uniform Commercial Code.

Statement:

The Undersigned hereby declares that the information provided in this application is true and correct to the best of his/her knowledge.

Signature: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_

### **Please Also Provide the Following:**

1. Articles of Incorporation
2. Proof of Insurance, Auto/ Cargo.(Listing Transwest Capital Corp. as a Cert holder)
3. Copy of Operating Authority
4. Voided Check
5. Copy of Drivers License
6. Copy of a utility bill in your name with your current billing address
7. Copy of W-9
8. Client List and addresses. Also A/R aging report

**PLEASE FAX APPLICATION TO (888) 320-1359  
FOR 24 HOUR APPROVAL PROCESS**