

NEW ACCOUNT APPLICATION

Legal Name of Company

Major Business

Federal Tax ID #

Telephone Number

Fax Number

eMail

Mailing Address:

Physical Address:

Box / Street# Route/Street Suite #

Number Street Suite #

City State Zip Code

City State Zip Code

1) Business Type: Partnership _____ 2) _____
Proprietorship _____ Date business was started
Corporation _____ (State of: _____)

3) Has ownership changed within the last (2) years? _____ If so, please give details _____

4) Has name of the business changed within the last two (2) years? _____ If so, please give former name: _____

5) Has type of business(e.g. from Proprietorship to Corporation) changed within the last two (2) years? _____
If so, please detail: _____

Our Accountant Is:

Our Bank(s) Is (are):

6) Name _____

7) Bank _____

Address

Bank Officer

City State Zip

City State Zip

Telephone Number

Telephone Number

(Please list any other banks on a separate sheet of paper.)

KD Factors & Financial Services, LLC

400 N. Main Street, Suite 105

Grapevine, Texas 76051

800-311-2191 or 817-328-1924 Fax 817-328-1934

8) Officers / Owners / Partners

_____ Name	Percent of stock owned: _____ %	
_____ Title:	_____ Social Security #	_____ Drivers License #, State
_____ Spouse:	_____ Social Security #	_____ Drivers License #, State
Residence Address: _____ _____	Previous Address: _____ _____	

_____ Name	Percent of stock owned: _____ %	
_____ Title:	_____ Social Security #	_____ Drivers License #, State
_____ Spouse:	_____ Social Security #	_____ Drivers License #, State
Residence Address: _____ _____	Previous Address: _____ _____	

_____ Name	Percent of stock owned: _____ %	
_____ Title:	_____ Social Security #	_____ Drivers License #, State
_____ Spouse:	_____ Social Security #	_____ Drivers License #, State
Residence Address: _____ _____	Previous Address: _____ _____	

- 9) Average number of invoices per month: _____
- 10) Average dollar amount of sales per month: _____
- 11) Terms of Sale (Net 10, Net 30, etc.): _____
- 12) Are you currently Factoring? _____ If yes, what is the name of the company you are currently factoring with:

- 13) Are your receivables pledged as collateral? _____ If yes, to whom are they currently pledged:

- 14) Are your taxes current? _____ (provide evidence) if not, please explain: _____

- 15) We learned of KD Factors from: _____

- 16) Please enclose copies of the following documents:

- * Latest financial statements (both Balance Sheet and Income Statement) three years...if possible
- * **Note**, a personal financial statement is required for all sole proprietors and partnerships
- * Accounts Receivables Aging (please include city, state, and telephone number)
- * Copy of Corporate Charter or Assumed Name Certificate

I (we) understand that the submission of this application does not guarantee that KD Factors & Financial Services (KD Factors) will provide any form of Factor Financing. I (we) understand that the approval to provide Factor Financing will come only after the KD Factors' Factoring Agreement and all supporting forms have been signed and approved by KD Factors.

By signing and dating this application, I (we) authorize KD Factors to check credit and verify the validity and accuracy of all information contained herein.

The information contained on the financial documents submitted (#16) are a true and correct representation of the undersigned financial condition as of the date(s) shown.

Dated: _____, 20__ Signed: _____

Title: _____

(If your company is a motor freight carrier or broker, we will require the additional information on page 4.)

If your company is a motor freight or carrier or broker,
Please answer the questions below:

17) Authority (IES): _____

Date Issued: _____

18) Has (have) Authority (IES) been revoked (or threatened to be revoked)?: _____

If so, please explain: _____

19) Cargo Insurance:

Company Issuing: _____

Limits:\$ _____ Date Issued: _____

Expiration Date: _____

Premiums Current: _____

Filed with ICC: _____ State of: _____

20) PL/PD Insurance:

Company Issuing: _____

Limits:\$ _____ Date Issued: _____

Expiration Date: _____

Premiums Current: _____

Filed with ICC: _____ State of: _____

21) Broker? _____ Surety Bond With: _____

Amount \$ _____ Issue Date: _____ Expiration Date: _____

Licensed? _____ #: _____ TBCA Member _____

Please enclose copies of items 17, 19, 20, 21, as well as those listed in #16 on page 3.

NOTE: Please be sure to sign the application on page 3