



## BENEFITS OF OUR FACTORING SERVICE

- Same day cash flow to your Company. Instant cash that can be used to meet payroll, equipment payments, or simply provide working capital.
- ARMS (Accounts Receivable Management Service) allows you time to concentrate all of your time and energy on expanding your business at no extra cost to you.
- Security against credit-risky customers.
- No monthly payments and no bad debts incurred.
- Eagle takes the responsibility of collections, non-recourse to you.
- Same day funding upon receipt of qualified invoices.
- Fees commence on the date of Eagle Capital Corporation funding of receivables and not on the date of freight delivery or invoice date.

EAGLE CAPITAL CORPORATION was established to aid small, medium, and large companies in managing their accounts receivables. Our professional clientele are involved in an immense array of businesses including, but not limited to, transportation, manufacturers, contractors, distributors, personnel and security services. Our state-of-the-art computer system and dedicated team members are able to track, source and verify credit worthiness in an instant. We are able to do this more effectively and efficiently in house by pooling information on thousands of customers throughout the United States and Canada. Bad cash flow, old account receivables, and the writing off of bad debts can be a thing of the past when you team up with "THE EAGLE."



## CONSTRUCTION CHECKLIST

In order to quickly determine if we can be of service to your firm, we need all of the information requested below, as well as the attached application. If any of the information requested is not available, please attach a written explanation. All information will be held in the strictest of confidence.

**Please fax application and all materials to 662-842-6218.**

You may also mail it to us at: Eagle Capital Corporation  
P.O. Box 4215  
Tupelo, MS 38803

### **Please supply the items marked**

1. Application
2. Bank Statement: Business and/or Personal
3. Photo Copy of Drivers License, all Officers
4. Corporate papers filed listing officers
5. Copy of Operating Agreement (for LLCs) or Bylaws (for Corporations)
6. Articles of Incorporation, LLC Papers, or State stamped copy of DBA Filing
7. Financial Statement
8. Accounts Receivable Aging Report
9. Previous two years Federal Income Tax returns (Personal and Business)
10. Customer List with Name, address, zip code and telephone numbers
11. One copy of a completed invoice (sample)

### **Construction Companies Only**

12. Copy of any required licensing
13. Copy of insurance, workman's comp and liability with Eagle as Certificate Holder
14. Copy of contracts you intend to factor
15. Copy of certified payroll if required by your customer



## APPLICATION

Legal Business Name: \_\_\_\_\_ Date Established: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

County: \_\_\_\_\_ Business Type (Carrier, Broker, Mfg., Etc.): \_\_\_\_\_

Corporation: \_\_\_\_\_ Partnership: \_\_\_\_\_ Individual: \_\_\_\_\_ State of Jurisdiction: \_\_\_\_\_

Federal Tax # \_\_\_\_\_ MC # \_\_\_\_\_

Business Email Address: \_\_\_\_\_ Business Web Page: \_\_\_\_\_

If one of or more place of business, state the address of the CEO: \_\_\_\_\_

Previous business names used within the past five years: \_\_\_\_\_

### HISTORY

Have you ever factored before under any name?  Yes  No With whom? \_\_\_\_\_

From: \_\_\_\_\_ to \_\_\_\_\_ Reason for discontinuing: \_\_\_\_\_

### ESTIMATES ON ACCOUNTS TO BE FACTORED

Approximate number of accounts you intend to factor: \_\_\_\_\_

Average monthly sales volume in dollars: \$ \_\_\_\_\_ Average number of invoices monthly: \_\_\_\_\_

Average invoice amount: \$ \_\_\_\_\_ High credit extended for individual acct.: \_\_\_\_\_

Current Receivables Open: \$ \_\_\_\_\_ Credit Terms Extended: \_\_\_\_\_ (Days)

If Company is less than three years old, list previous employment/arrangement information:

Name	City	State	Phone #	To and From Dates
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____

**PRESIDENT, CEO, OWNER, MEMBER, MANAGER, OR PRINCIPAL**

Name: \_\_\_\_\_ Title: \_\_\_\_\_ % Of Ownership: \_\_\_\_\_

Residence Address: \_\_\_\_\_ Since: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

If less than 3 years, previous address: \_\_\_\_\_ How long? \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mortgage Holder/Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_

Driver License # \_\_\_\_\_ State: \_\_\_\_\_ SS# \_\_\_\_\_ DOB: \_\_\_\_\_

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

Spouse Name: \_\_\_\_\_ Same Address?  Yes  No

Driver License # \_\_\_\_\_ State: \_\_\_\_\_ SS# \_\_\_\_\_ DOB: \_\_\_\_\_

**ADDITIONAL OFFICER, PARTNER, MEMBER, MANAGER, ETC.**

Name: \_\_\_\_\_ Title: \_\_\_\_\_ % Of Ownership: \_\_\_\_\_

Residence Address: \_\_\_\_\_ Since: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

If less than 3 years, previous address: \_\_\_\_\_ How long? \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mortgage Holder/Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_

Driver License # \_\_\_\_\_ State: \_\_\_\_\_ SS# \_\_\_\_\_ DOB: \_\_\_\_\_

Spouse Name: \_\_\_\_\_ Same Address?  Yes  No

Driver License # \_\_\_\_\_ State: \_\_\_\_\_ SS# \_\_\_\_\_ DOB: \_\_\_\_\_

Additional Officers Not Listed:  Yes  No Officers Not Listed: \_\_\_\_\_

**BUSINESS BANK ACCOUNT INFORMATION**

**PERSONAL BANK ACCOUNT INFORMATION**

Bank Name: \_\_\_\_\_

Bank Name: \_\_\_\_\_

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

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

City, ST, Zip: \_\_\_\_\_

City, ST, Zip: \_\_\_\_\_

Account Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Name of Accountant: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name of Attorney: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Are regular financial statements prepared?  Yes  No How Often? \_\_\_\_\_

Are Federal, State, or Local taxes past due?  Yes  No How Much? \_\_\_\_\_ (Attach latest statement)

Are any assets assigned, pledged, or leveraged as collateral?

A/R:  Yes  No To Whom: \_\_\_\_\_

Inventory:  Yes  No To Whom: \_\_\_\_\_

Equipment:  Yes  No To Whom: \_\_\_\_\_

Other: \_\_\_\_\_ To Whom: \_\_\_\_\_

Number of owned Trucks in operation: \_\_\_\_\_ Trailers: \_\_\_\_\_ Trailer Type: \_\_\_\_\_

Number of owner operator Trucks in operation: \_\_\_\_\_ Trailers: \_\_\_\_\_ Trailer Type: \_\_\_\_\_

**CUSTOMERS YOU INTEND TO FACTOR** (Provide separate list for additional customers)

Company	Address	City	ST	Phone
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

**BUSINESS REFERENCES WHO HAVE KNOWN YOU AT LEAST TWO YEARS**

Company	Address	City	ST	Phone
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

How did you hear about us? \_\_\_\_\_

Briefly explain your business operation: \_\_\_\_\_

\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

The above statements are true and accurate to the best of my information and belief.

Dated: \_\_\_\_\_, 20 \_\_\_\_\_ Signed: \_\_\_\_\_

Title: \_\_\_\_\_

Printed Name: \_\_\_\_\_