

CAFI Arizona

Capital Active Funding-Phoenix, Inc. ("CAFI Arizona")

8260 E. Raintree Drive, Scottsdale, Arizona 85260
(480) 315-8188 or (888) 686-2234/Fax (800) 831-1734

Application To Enter Into A Security Agreement With Capital Active Funding, Inc. ("CAFI Arizona.")

Client Profile

Legal Business Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ County: _____

Telephone Number(s): () _____ Fax Number: () _____

E-Mail Address: _____ Mobile Phone: () _____

Legal Name, Title, Social Security Number, and Date of Birth of Principal(s) or Officer(s)

1. _____ Title: _____ Ownership%: _____

Social Security Number: _____ DOB: _____ Mobile Ph.: () _____

Hm. Address: _____ City: _____ State: _____ Zip: _____

2. _____ Title: _____ Ownership%: _____

Social Security Number: _____ DOB: _____ Hm. Ph.: () _____

Hm. Address: _____ City: _____ State: _____ Zip: _____

3. _____ Title: _____ Ownership%: _____

Social Security Number: _____ DOB: _____ Hm. Ph.: () _____

Hm. Address: _____ City: _____ State: _____ Zip: _____

(Please attach a separate page if more than three Principals or Officers)

Information On Your Company

Federal Tax I.D. Number: _____ Incorporated in the State of: (if applicable) _____

Years in Business: _____ Number of Employees: _____ Date Business Started: _____

List all certifications your business is registered as; example: DBE, SDVO or SBA) _____

Form of Business: Sole-Proprietorship ()
 Partnership ()
 Corporation ()
 Limited Liability Company ()
 Other () _____

Type of Business: Commercial Construction () Specialty: _____
 Manufacturing ()
 Service Company ()
 Other () _____

Are your taxes current? _____ If no, please explain _____

Anticipated Monthly Funding Volume: \$ _____ Has your Company Factored Before? _____

If so, With Whom and How Recent? _____

Bank Reference

Name of Bank: _____ Banker's Name: _____
Address: _____ Telephone Ph. :() _____
Checking Account Number(s): _____ Bank Loan/SBA Loan/Line of Credit? Yes _____ No _____
If Yes, Are Accounts Receivable Pledged as Collateral? _____

Trade (Suppliers) & Personal Reference(s)

1. Vendor: _____ Contact: _____ Bus. Ph.: () _____
2. Vendor: _____ Contact: _____ Bus. Ph.: () _____
3. Personal Reference Name: _____ Ph. Number: () _____

I/We herein make an application to Capital Active Funding, Inc. ("CAFI Arizona") for credit.

I/We ("I") certify that this application and any subsequent information I provide to Capital Active Funding, Inc. ("CAFI Arizona") is true and correct. I authorize **CAFI** Arizona to investigate the information provided in this application and to obtain consumer and/or business reports on the above named applicant(s). I have been told and understand that the submission of an application to **CAFI** Arizona does not mean that **CAFI** Arizona will provide any factoring or financial services whatsoever.

Signature: _____ Title: _____ Date: _____

Signature: _____ Title: _____ Date: _____

Signature: _____ Title: _____ Date: _____

Credit Card Customers (Credit Card MUST be under Owner or Business Name)

_____ (initial) I hereby authorize **CAFI** Arizona to perform a one-time charge on my account for the amount of \$250 to process my application.

Type of Card:    

Card Number: _____

Billing Zip Code: _____ Expiration Date: _____ Security Code: _____

(3 Digit CVV Code on back - 4 Digit on front of AMEX)

Card Holder Name: _____

Signature of Card Holder: _____ Date: _____

_____ (initial) Being the authorized cardholder or the Corporate Officer, by signing above I understand and agree to the terms set forth in this agreement, agree to pay, and specifically authorize to charge my credit card for the application process.

Application Checklist

- Complete Application
- Application Fee
-Lien Search Fee thru Secretary of State/Business & Personal Credit Bureau (\$250.00 Paid with Application)
Application fee is non refundable.
- Picture Identification (Arizona Driver's License)
- Articles & Certificate of Incorporation or Assumed Name Certificate.

Referred by: _____