

Date:

E-Mail Address:

Treadstone Capital, LLC Factoring Application

COMPANY INFORMATION

Sales Rep:

Cell:

Contact Name:				
Legal Business Name				
Trade or DBA(Doing Business As) Name:				
Address	City:	State	Zip	
Phone :	Fax:	Email Addres	ss:	
Federal ID Number:			MC Number:	
Type of Organization:	O Corporation O Sole Proprie	etor O Parnership O LLC/L	LP	
Year Incorporated/ Formed:		State Incorpo	orated/Formed	
Do you currently factor receivables OR have you If Yes, name of factoring company:				
Are state and federal income taxes current? Yes	O No O If No, amount t	hat is past due?		
If not current, have any tax liens been filed?	Yes O No O If Yes, amour	nt due:		
Has your company ever filed for bankruptcy?	Yes O No O	If yes, when?		
Please list the type of freight you will be hauling:		Numbe	er of Trucks	
OWNERSHIP INFOR	MATION			
Company Owner #1- Full Name:		Title:		
Address:	City:	State:	Zip:	
Social Security Number:			% of Ownership?	
E-Mail Address:	Home Phone:		Cell:	
Company Owner #2 - Full Name:		Title:		
Address:	City:	State:	Zip:	
Social Security Number:			% of Ownershin?	

Please include a copy of your articles of incorporation, copy of drivers license, form W9, certificate of insurance, and a voided check (must include name and address of account)

Home Phone: