

# ***LKD Funding, LLC***

806-698-1907  
800-307-6110 Fax

PO Box 6945  
Lubbock Tx 79493

## **Application Form**

Date: \_\_\_\_\_  
Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Cell: \_\_\_\_\_  
Referred by: \_\_\_\_\_ Email: \_\_\_\_\_

Sole Proprietor     Partnership     LLC     Corporation    FEIN or SS # \_\_\_\_\_  
Avg. volume to factor - Monthly: \_\_\_\_\_    Approx. # of customers: \_\_\_\_\_  
Avg. Invoice Size: \_\_\_\_\_    Approx. # to factor: \_\_\_\_\_

Taxes due or past due:  None     Local \$ \_\_\_\_\_     State \$ \_\_\_\_\_     Federal \$ \_\_\_\_\_

Litigation/Judgments:  Yes     No    (If Yes, please describe on separate sheet)

UCC Filings: \_\_\_\_\_    Bank Loans: \_\_\_\_\_  
Collateral: \_\_\_\_\_

<u>Customers you wish to factor:</u>	<i>Avg.</i>	<i>Avg. Mo.</i>	<i>Credit</i>	
	<i>Invoice</i>	<i>Amt.</i>	<i>Terms</i>	<i>Avg.</i>
<i>Co. Name, City, State</i>	<i>Amt.</i>	<i>to Factor</i>	<i>You Give</i>	<i>Pmt. Time</i>

- 1)
- 2)
- 3)

### **Banking Information**

Name of Bank \_\_\_\_\_  
Checking Acct # \_\_\_\_\_ Routing # \_\_\_\_\_

The foregoing information is true and correct to the best of my knowledge and is given to induce LKD Funding, LLC to consider entering into a factoring agreement with this company. I hereby authorize LKD Funding, LLC or its agents to verify and investigate any or all of the foregoing statements, including but not limited to my/our credit worthiness and financial responsibility, in any way they may choose. I/We grant LKD Funding, LLC the right to procure any and all credit reports pertaining to any party listed in this application, including, but not limited to, all principals of the applicant company.

Agreed and consented to:

Signature \_\_\_\_\_ Print Name \_\_\_\_\_  
Title \_\_\_\_\_ Date \_\_\_\_\_