

# MJS Funding

5315-B Cypress Creek Pkwy #192

Houston, TX 77069

832-296-9081 Fax 281-783-2088

Email: mjsfunding@gmail.com

## NEW ACCOUNT APPLICATION

Legal Name of Company \_\_\_\_\_

Major Business \_\_\_\_\_ Federal Tax ID # \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Email \_\_\_\_\_

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

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

1) Business Type: Partnership \_\_\_\_\_ Proprietorship \_\_\_\_\_ Corporation \_\_\_\_\_

2) Date business was started \_\_\_\_\_

(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: \_\_\_\_\_

6) Our Accountant Is:

Name \_\_\_\_\_

Address \_\_\_\_\_

City State Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_

7) Our Bank(s) Is (are):

Bank \_\_\_\_\_

Bank Officer \_\_\_\_\_

City State Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_

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

8) Officers / Owners / Partners

Name: \_\_\_\_\_ Percent of stock owned: \_\_\_\_\_%

Title: \_\_\_\_\_ Social Security # \_\_\_\_\_ Driver's License #, State: \_\_\_\_\_

Spouse: \_\_\_\_\_ Social Security # \_\_\_\_\_

Driver's License #, State: \_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

Name: \_\_\_\_\_ Percent of stock owned: \_\_\_\_\_%

Title: \_\_\_\_\_ Social Security # \_\_\_\_\_ Driver's License #, State: \_\_\_\_\_

Spouse: \_\_\_\_\_ Social Security # \_\_\_\_\_

Driver's License #, State: \_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

Name: \_\_\_\_\_ Percent of stock owned: \_\_\_\_\_%

Title: \_\_\_\_\_ Social Security # \_\_\_\_\_ Driver's License #, State: \_\_\_\_\_

Spouse: \_\_\_\_\_ Social Security # \_\_\_\_\_

Driver's 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 MJS Funding 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

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

I (we) understand that the submission of this application does not guarantee that MJS Funding will provide any form of Factor Financing. I (we) understand that the approval to provide Factor Financing will come only after the MJS Funding Factoring Agreement and all supporting forms have been signed and approved by MJS Funding. By signing and dating this application, I (we) authorize MJS Funding 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 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**