



**RAPID LINE APPLICATION TO ENTER INTO
A SECURITY AGREEMENT WITH JD FACTORS**

Business Name: _____ Corporation Partnership
 Sole Proprietorship LLC

Trade Names (DBA): _____ Phone: () _____

Street Address: _____ Fax: () _____

City: _____ State: _____ Zip: _____ County: _____

E-Mail Address: _____ Website Address: _____

Type of Business: _____

Federal Tax I.D. Number: _____ Number of Employees: _____ Federal/State Taxes Past Due? _____

Principals

1. Name: _____ Drivers License #: _____

Home Street Address: _____ Own Rent

City, ST, ZIP: _____

Home Phone: () _____ SSN: _____ Date of Birth: / /
M D Y
2. Name: _____ Drivers License #: _____

Home Street Address: _____ Own Rent

City, ST, ZIP: _____

Home Phone: () _____ SSN: _____ Date of Birth: / /
M D Y
3. Name: _____ Drivers License #: _____

Home Street Address: _____ Own Rent

City, ST, ZIP: _____

Home Phone: () _____ SSN: _____ Date of Birth: / /
M D Y

Business Banking Information

Name of Bank: _____ Phone: () _____ Fax: () _____

Street Address: _____ City: _____ State: _____ Zip: _____

Account Number: _____ Bank Contact: _____

Receivable Information

Dollar Amount of Receivables Now Open: _____ Average Monthly Sales: _____

Approximate Number of Customers: _____ Terms of Sale: _____

Amount intended to factor monthly: _____ Maximum anticipated factoring volume: _____

Have you factored/financed before? Yes No

Are receivables pledged as collateral? Yes No

How did you find out about J D Factors? SMART FINANCE OPTIONS, INC. _____

Principals Signatures

I/We have been told and do understand that the submission of an application for financing with J D Factors does not guarantee that J D Factors will factor or provide any financial services whatsoever.

I/We further have been told and do understand that approval to factor may come only after the manager of J D Factors approves said application and the invoices/accounts offered are approved in accordance with the terms of J D Factors' Security Agreement.

The above statements are true and accurate to the best of my information and belief. This serves as my permission for the release of any information regarding this application to J D Factors for the purpose of credit investigation.

The undersigned hereby consents to J D Factors collecting personal information including his/her personal credit report.

Signed: _____ Dated: _____

Print Name and Title: _____

Signed: _____ Dated: _____

Print Name and Title: _____

Support Documentation- needed with your completed application

- Articles of Incorporation
- Customer List
- Accounts Receivable Aging or Invoices to Factor
- Bank Authorization Form
- Tax Authorization Form
- Copy of Trucking Authority and Insurance (Trucking firms only)



J D Factors

REQUEST FOR BANK CREDIT INFORMATION

TO: _____

DATE: _____

Dear Madam or Sir:

Please accept this letter as written authorization to release all credit and checking information on both my business and personal accounts to:

J D FACTORS, LLC
PO Box 687
Wheaton, IL 60187
Fax (630) 690-2741 -or- (630) 690-5901

Thank you for your cooperation and prompt attention in replying to this request for information.
Sincerely,

X _____
Authorized Client Signature & Title
(Must be authorized signer for both personal and business accounts)

X _____
Company Name

TO: BANK CREDIT DEPARTMENT **FROM: J D FACTORS**

RE: _____

BUSINESS ACCOUNT # _____ PERSONAL ACCOUNT # _____

The above account has given the name of your bank and a reference in applying for credit. Thank you for completing the information below and returning this completed form to J D Factors at the location above at your earliest convenience.

BUSINESS DEPOSIT ACCOUNT **PERSONAL DEPOSIT ACCOUNT**

Date Opened: _____

Date Opened: _____

Ave. Balance: _____
(low, medium, high)
(three, four, five, six figures) _____

Ave. Balance: _____
(low, medium, high)
(three, four, five, six figures) _____

Deposit Account Satisfactory? ___Yes ___No

Deposit Account Satisfactory? ___Yes ___No

BUSINESS LOAN ACCOUNT **PERSONAL LOAN ACCOUNT**

Original Amount: _____ Balance: _____

Original Amount: _____ Balance: _____

Collateral: _____

Collateral: _____

Payments Current? ___Yes ___No

Payments Current? ___Yes ___No

Opening Date: _____

Opening Date: _____

Signature of Bank Representative - Please Print Name Title Date