MBS Financial, LLC

Commercial Finance Group

P.O. Box 1755 1 N. Jefferson Ave.
West Jefferson , NC 28694
Office: 336-219-0105
Fax: 336-217-8155

Accounts Receivable Factoring			
Company Name:		**DBA:**	
Street Address:	**City**	**State**	**Zip Code**
Phone: ( )		**Fax:** ( )	**County:**
Contact Name:	**Contact Title:**	**Email:**	
Type of Company:		**Tax ID #:**	
Are Taxes Current:		**If No, How much is Owed:**	

Officers			
President:		**SSN#:**	
Vice President:		**SSN#:**	
Corp Secretary:		**SSN#:**	
Bank Name:		**Account #:**	
Bank Address:	**City**	**State**	**Zip Code**
Bank Phone: ( )		**Bank Fax:** ( )	

List Major Clients Billed on a Regular Basis:			
Amount to be Billed:	**Name:**	**City, State:**	**Pays in X Days:**
Amount to be Billed:	**Name:**	**City, State:**	**Pays in X Days:**
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Amount to be Billed:	**Name:**	**City, State:**	**Pays in X Days:**
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Amount to be Billed:	**Name:**	**City, State:**	**Pays in X Days:**
Are Receivables Pledged Elsewhere?:		**If Yes, To Whom?:**	

By signing below, the undersigned individual(s) provides this written instruction to MBS Financial, LLC, or its assigns, authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in consideration of this application and subsequently for the purpose of update, renewal or the extension of such credit or additional credit and for reviewing and collecting the resulting account. I/we agree to grant MBS Financial, LLC access to credit information for no greater than 90 days. A photostat or facsimile copy of this authorization shall be valid as the original. By signing below, I/we affirm our identity as the respective individual(s) identified in the related application.

Signature:	**Print:**	**Date:**