



## www.MyBudgetCenter.com & www.APlusCashNow.com

## **SELLER'S APPLICATION**

Please provide us with the following background information on yourself and your company.

1. Business Name (as in Articles of Incorporation/Organization, or Certificate of Limited or General Partnership)  2. Assumed/Fictitious Business Name (if any)  3. Is the Business Incorporated/Organized
8. Applying Shareholder, Director, Officer, Member, Partner: Full Name Social Security No.  Full Home Address Home: Own Rent Phone Cell Status: (Check All that Apply) Shareholder Director Officer Member Partner Ownership Percentage%
9. Are you current with:- Federal and State Income Tax?
10. Name of Company Bank How Long with Bank?  11. Full Mailing Address  12. Account Number Name of Bank Officer Phone
13. Total Amount of Receivables Now Open \$ Average Monthly Sales? \$ 14. Approximate Number of Active Customers Terms of Sale 15. Are You Discounting Receivables Now or in the Past? Yes No If Yes, With What Company? 16. Are Receivables Pledged as Collateral? Yes No If Yes, to Whom? 17. What Amount Do You Intend to Sell On a Monthly Basis? \$ 18.
The undersigned hereby warrants that all of the above information is true and correct in every aspect. The undersigned urther hereby warrants that all financial statements accurately represent in every respect, the true and correct financial ondition of the parties that are the subject of this application. The undersigned hereby authorizes A+ Auto Insurance, Inc. It's designees to gather and use, from time to time, without the undersigned's knowledge, any and all financial and/or creen formation relating to the business entity that is the subject of this application that can be obtained from any sour vhatsoever including, but not limited to, banks, trade associates and creditors. The undersigned also hereby authorizes A tuto Insurance, Inc. or its designee to investigate the personal credit history of the undersigned and obtain credit bures eports on the undersigned from time to time at A+ Auto Insurance, Inc.'s sole discretion. The undersigns acknowledges at llows A+ Auto Insurance, Inc. to share this application along with its business information with any qualified factor of thoice (it's designees) in efforts to place the factor requested by the you the applicant.
Dated Signed
Title