



ACCOUNTS RECEIVABLE MANAGEMENT DIVISION

888 Brickell Avenue Suite 202

Miami, Florida 33131

(786) 534-2758

**APPLICATION FOR NON-RECOURSE FACTORING (ACCOUNT RECEIVABLES ASSIGNMENT)**

(This application alone does not constitute an offer, acceptance or agreement of any kind.)

**COMPANY INFORMATION**

Application Date:

Company Name:

Street Address:

City, State Zip:

Telephone:

Fax:

Business Description & Date Est:

Form of Business: Sole Proprietor          Partnership          Corporation LLC

State of Incorporation:                      File No.:

Date of Current Ownership:                      Other States of operation:

Does this company operate under a D/B/A?: Yes          No          If yes, list:

Previous business names within the last five years:

**OFFICER # 1**

Name:                                      Title:                                      % Ownership:

Telephone:                                      Mobile:

**OFFICER # 2**

Name:                                      Title:                                      % Ownership:

Telephone:                                      Mobile:





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I hereby attest that the information provided is accurate in all material respects and I authorize Consulta Plus LLC to make any Uniform Commercial Code filings necessary. In addition, I understand that investigative background inquiries are to be made concerning the company and the officers of the company including consumer reports, investigative consumer reports, criminal, driving and other reports. These reports may include information as to the character, credit worthiness and general reputation of the company and its officers. Further, I understand that you will be requesting information from various federal, state and other agencies which maintain records concerning past activities relating to driving, credit, criminal, civil and other experiences as well as claims involving the company and officers from the files of insurance companies. I authorize, without reservation, any party or agency contacted by Consulta Plus LLC or its agent to furnish the above mentioned information:

**Officer # 1**

**Officer # 2**



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In order to complete and execute contracts, please submit the following:

1. Completed Application
2. Articles of Incorporation
3. A list of customer contacts, addresses, telephone and fax numbers
4. 2 years of financial statements or 2 years of federal tax returns
5. Accounts Receivable Aging Report

\*Please fill, print, sign and send form & attachments to [diego.zuloaga@consulta-plus.com](mailto:diego.zuloaga@consulta-plus.com)