



*Private Money Source!*

3131 Cross Timbers Road | Flower Mound, TX 75028

Tel: 844.278.0618 | Fax: 832.674.1510

[todd.simpson@simpsonfinancialloans.com](mailto:todd.simpson@simpsonfinancialloans.com)

Thank you for considering Simpson Financial Services, Inc.

Our firm provides accounts receivables financing for emerging growth companies. In order to qualify, your business has to be generating invoices for work that has been completed and accepted by your commercial customers.

Please print out this Word Document. It is our client application. Upon receiving your completed application, we can begin our due diligence activities. Within a day or so, we will submit to you a term sheet proposal. The proposal will outline the terms & conditions, including rates for financing.

Additional documents we will need before we can actually begin the funding listed below;

1. **Current company financial statement**
2. **Articles of Incorporation or Other; LLC Partnership, D/B/A Filing**
3. **Current Accounts Receivable Aging**
4. **Proof of Federal Tax ID # (such as a tax coupon)**
5. **Photo Copy of driver's license(s) for Company's principal(s) [enlarge photocopy]**
6. **Sample Copy of your business invoice**

In the case of a start up company some of the financials may be unavailable. That is okay, we fully understand the nature of a start up company. Additionally, if there is any bankruptcy activity be sure to initial in page two.

The entire application process usually takes 5 – 10 business days. As quickly as we get the proper documentation from you, the sooner we can begin funding.

At this point in the process we are not contacting any of your customers. You can rest assured that those relationships that you depend on will not be disturbed. We will be checking customer credit availability using public record information like Experion® and D&B®. Again, this has no residual affect on your company or your customers.

After we agree on the term sheet, we produce contracts based on the terms and overnight them to your office. After we receive the signed contracts back in our office we are ready to begin funding.

Any questions or concerns please call 844-278-0618. We look forward to assisting your company in its expansion.

**The more challenging the times the greater the opportunity.**



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**FUNDING APPLICATION**

Please complete this application and return with above listed documents to receive a formal funding approval. There are no fees, charges or obligations associated with obtaining a pre-approval. Pre-approval does not constitute a funding commitment.

**A. BUSINESS INFORMATION**

<b>Business Legal Name:</b>		<b>Business DBA Name:</b>	
<b>Street:</b>		<b>City:</b>	
<b>State:</b>	<b>Zip:</b>	<b>Phone:</b>	
<b>Website:</b>		<b>Mobile:</b>	
<b>Legal Entity:</b>		<b>Fax:</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Corp</b>	<b>Sole Prop</b>	<b>LLC</b>	<b>Partnership</b>
<b>Business Location:</b>		<b>Email:</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Store Front</b>	<b>Office</b>	<b>Home</b>	<b>Other</b>
<b>Date Business Started:</b>		<b>Federal Tax ID#:</b>	
<b>Has the company or any of its officers owners ever declared bankruptcy before?</b>			
_____ Yes _____ No please initial			

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## B.OWNER/PRINCIPLE INFORMATION

**First Name:**

**Last Name:**

**Address:**

**City:**

**State:**

**Zip:**

**Phone:**

**% of Ownership:**

**Mobile:**

**Date of Birth:**

**Fax:**

**SSN#:**

**Driver's Licence#:**

## OWNER #2 (IF APPLICABLE)

**First Name:**

**Last Name:**

**Address:**

**City:**

**State:**

**Zip:**

**Phone:**

**% of Ownership:**

**Mobile:**

**Date of Birth:**

**Fax:**

**SSN#:**

**Driver's Licence#:**

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## C. REFERENCES

**Company:**

**Contact Person:**

**Phone:**

**Company:**

**Contact Person:**

**Phone:**

**Company:**

**Contact Person:**

**Phone:**

By signing below, the Merchant and its owners / principals: (1) certify that all information and documents submitted in connection with this Application is true, correct and complete; and (2) authorize Simpson Financial Services, Inc, to receive credit reports and any other information regarding the Merchant and its owners and principals from third parties, to verify any information provided on the Application.

\_\_\_\_\_  
Owner/Principle Signature:

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Owner/Principle Signature:

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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