



Return to:
 William Narez, President
 Island Factors, LLC
 1001 Cooper Point Rd SW
 Suite 140-133
 Olympia, WA 98502
 Tel: 360-350-0745
 Fax: 360-628-8086

**To prevent delays in processing,
 Please complete application package in its entirety.**

BUSINESS NAME

- Island Factors Funding Credit Application
- Articles of Incorporation OR Partnership Agreement OR Articles of Organization
- Fictitious Business Name Statement (if dba or tradestyle is in use)
- Accounts Receivable Aging (current)
- Customer List including complete addresses
- Sample Invoice
- Accounts Payable Aging (current)
- Financial Statements (most current)
- Financial Statements of Principals
- Resumes of Principals/Management
- Company Brochures
- How did you hear about Island Factors? _____

Visit us on the web at: www.islandfactors.com

STATEMENT OF ACCURACY

The statements made in and documents attached to this application are true and accurate to the best of my/our knowledge and belief.

AUTHORIZATION TO OBTAIN INFORMATION

I/We authorize Island Factors, LLC (Island) to obtain whatever information regarding employment, bank accounts, and/or outstanding credit (mortgage, auto, personal, home improvement, charge cards, credit unions, etc.) that Island deems to necessary in connection with this application or in the course of review or collection of any credit extended in reliance on this application. I/We authorize and instruct any consumer credit agency, commercial credit reporting agency, business or person to compile and furnish to Island any such information regarding us or our business(es) as may be requested by Island and agree that such information, along with this application, shall remain Island's property whether or not the application is approved.

This authorization will be valid for a period of two years from the date below or as long as applicant has an outstanding balance with Island. A photocopy of this authorization will be as valid as the original. You authorize Island to verify or check any of the information given, including credit references and employment and to obtain credit bureau reports as Island deems necessary.

PRINCIPAL	DATE
PRINCIPAL	DATE
PRINCIPAL	DATE
PRINCIPAL	DATE

Island may share credit information about you with its affiliates to determine eligibility for other products and services unless you direct us not to do so. If you do not want us to share this information with our affiliates, please initial here: _____

If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact: Island Factors, ATTN: ECOA, 1001 Cooper Point Rd. SW Suite 140-133 Olympia, WA 98502 within 60 days from the date you are notified of our decision. We will send you a written statement to reasons for the denial within 30 days of receiving your request for statement.

NOTICE: The federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is: Office of the Comptroller of the Currency, Customer Assistance Unit, 1301 McKinney Avenue, Suite 3710, Houston, Texas 77010.

APPLICATION DATE

CREDIT LINE REQUIRED



Credit Application

1. GENERAL INFORMATION (Type or Print)

BUSINESS NAME		DBA'S/OTHER BUSINESS NAMES	
PRIMARY ADDRESS (HEADQUARTERS)			
CITY/STATE/ZIP		DATE BUSINESS ESTABLISHED	
TELEPHON	FAX	PRINCIPAL CONTACT NAME & TITL	
OTHER LOCATIONS		BUSINESS FOR	
		STATE OF INCORPORATION	
TYPE OF BUSINESS		NO. OF EMPLOYEES	FISCAL YEAR END
FEDERAL TAX ID		FRANCHISE TAX ID	
INSURANCE BROKER/AGENT NAME	ADDRESS	TELEPHONE	
ACCOUNTANT NAME	ADDRESS	TELEPHONE	
ATTORNEY NAME	ADDRESS	TELEPHONE	
BUSINESS BANK NAME	ADDRESS	TELEPHONE	
NUMBER OF ACCOUNTS	BANK ACCOUNT NUMBERS		
RECEIVABLES NOW OPEN	APPROX. NUMBER OF ACCOUNTS	NO. OF INVOICES PER MONTH	STANDARD CREDIT TERMS
CURRENT LENDER		CURRENT CONTACT	

2. OWNERS/OFFICERS/PARTNERS (list all owners/ officers/partners-President, Secretary, other)

NAME	TITLE	%EQUITY
HOME ADDRESS	CITY/STATE/ZIP	RENT OR OWN?
HOME TELEPHONE	SOCIAL SECURITY NUMBER	DATE OF BIRTH
NAME	TITLE	%EQUITY
HOME ADDRESS	CITY/STATE/ZIP	RENT OR OWN?
HOME TELEPHONE	SOCIAL SECURITY NUMBER	DATE OF BIRTH
NAME	TITLE	%EQUITY
HOME ADDRESS	CITY/STATE/ZIP	RENT OR OWN?
HOME TELEPHONE	SOCIAL SECURITY NUMBER	DATE OF BIRTH
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HOME ADDRESS	CITY/STATE/ZIP	RENT OR OWN?
HOME TELEPHONE	SOCIAL SECURITY NUMBER	DATE OF BIRTH