



# FACTORING APPLICATION FORM

## MEDIUM AND LARGE TRUCKING COMPANIES

**1. NAME AND ADDRESS**

A. Full Legal Name \_\_\_\_\_

B. Main Office Address \_\_\_\_\_

Street Address	City	State	Zip Code	County
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C. Phone Numbers

( ) _____ Telephone	( ) _____ Toll-Free	( ) _____ Fax
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D. Email Addresses \_\_\_\_\_

E. Mailing Address (if different from above) \_\_\_\_\_

Address	City	State	Zip Code	County
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F. Branch Locations (Please attach additional sheet if necessary)

Street Address	City	State	Zip Code	County
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G. Date Business Established \_\_\_\_\_

H. Company Type (Check One) \_\_\_\_\_ Corporation \_\_\_\_\_ S-Corp. \_\_\_\_\_ Sole Proprietor \_\_\_\_\_ Partnership  
 \_\_\_\_\_ Limited Liability Company

I. Fiscal Year End \_\_\_\_\_

J. Federal ID Number \_\_\_\_\_ MC# \_\_\_\_\_ US DOT# \_\_\_\_\_

K. State of Incorporation \_\_\_\_\_ Date of Incorporation \_\_\_\_\_

L. Please include copies of the corporate Articles of Incorporation, By-Laws, and annual minutes.

M. Previous Addresses. Please list your company addresses for the previous 5 years. Attach an additional sheet if necessary. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**2. COMPANY GENERAL INFORMATION**

A. Description of Business \_\_\_\_\_  
 \_\_\_\_\_

B. Total Employees \_\_\_\_\_ Company Drivers \_\_\_\_\_ Owned Power Units \_\_\_\_\_  
 Leased Power Units \_\_\_\_\_ Owned Trailers \_\_\_\_\_ Leased Trailers \_\_\_\_\_  
 # Owner Operators \_\_\_\_\_ % of Business generated by: Owner Oper. \_\_\_\_\_ % Brokers \_\_\_\_\_ %

C. Affiliated Companies \_\_\_\_\_

D. Type of Operating Authority (Check all that apply) \_\_\_ Contract \_\_\_ Common \_\_\_ Broker \_\_\_ Freight Forwarder  
 \_\_\_ Other (explain) \_\_\_\_\_  
 Please include photocopies of each with this application.

E. Insurance Information

Insurance Company	Agent's Name
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Phone	Address	City	State	Zip Code
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F. What type of cargo insurance do you carry? \_\_\_\_\_

G. Does it cover "driver error"? \_\_\_\_\_  
 Please forward Great Plains Transportation, Services Inc. a copy of your current Certificate of Insurance.

**3. ACCOUNTS RECEIVABLE INFORMATION**

A. Total revenues last year \$ \_\_\_\_\_

B. Projected Revenues this year \$ \_\_\_\_\_

C. Average Bill Size	\$	D. Average Number of Bills/Day	\$
E. Present A/R Balance	\$	F. Brokerage Volume/Month	\$
G. Amount you intend to Factor on a monthly basis	\$		
H. Are you currently financing your accounts receivable?	<input type="checkbox"/> No <input type="checkbox"/> Yes (please explain)		
Name of present lender/financing company		Amount Financed	Since When
I. Please Include:	a) A copy of your most recent A/R Aging with telephone and fax numbers b) Samples of three existing freight bills and all support documentation c) Name of person in your office that prepares bills		
J. Approximate Number of Customers			
K. Types of Freight Moved/Lanes			

**4. PERSONAL INFORMATION**

A. Company Owner Name(s)

Owner #1	How long with company?	
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First Name	Last Name	%Ownership	Years in Trucking
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Home Address	City	State	Zip Code	Social Security #	Date of Birth
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Spouse Name Owner #2	How long with company?	
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First Name	Last Name	%Ownership	Years in Trucking
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Home Address	City	State	Zip Code	Social Security #	Date of Birth
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Spouse Name \_\_\_\_\_

Additional Owners? Please provide this information for other owners on an attached sheet.

**5. COMPANY CREDIT INFORMATION**

A. Banking References (Past two years)

Name of Bank	Name of Bank
Bank Location	Bank Location
Loan Officer	Loan Officer
Length of Relationship	Length of Relationship
Bank Phone #	Bank Phone #
Nature of Debt	Nature of Debt
Checking Account #	Checking Account #
(Required)	(Required)

If you have loans with other finance companies, please include above information for that reference too.

B. Trade References

B.1 Company Name \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Phone# \_\_\_\_\_  
 Contact \_\_\_\_\_  
 Approx Balance \_\_\_\_\_

B.2 Company Name \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Phone# \_\_\_\_\_  
 Contact \_\_\_\_\_  
 Approx Balance \_\_\_\_\_

B.3 Company Name \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Phone# \_\_\_\_\_  
 Contact \_\_\_\_\_  
 Approx Balance \_\_\_\_\_

C. Customer References \_\_\_\_\_

C.1 Shipper Name \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Phone# \_\_\_\_\_  
 Contact \_\_\_\_\_  
 Monthly Volume \_\_\_\_\_  
 Commodity \_\_\_\_\_

C.2 Shipper Name \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Phone# \_\_\_\_\_  
 Contact \_\_\_\_\_  
 Monthly Volume \_\_\_\_\_  
 Commodity \_\_\_\_\_

C.3 Shipper Name \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Phone# \_\_\_\_\_  
 Contact \_\_\_\_\_  
 Monthly Volume \_\_\_\_\_  
 Commodity \_\_\_\_\_

6. COMPANY FINANCIAL INFORMATION

A. What will the funds that you borrow be used for? \_\_\_\_\_  
 \_\_\_\_\_

B. Any major expansion planned for? \_\_\_\_\_  
 \_\_\_\_\_

C. Please include a copy of your most recent year-end financial statements, Include year-to-date monthly financial statements too. If unaudited, please sign and date each copy of the financial statements.

D. Reasons for losses, if any. \_\_\_\_\_  
 \_\_\_\_\_

E. Please explain any material unusual financial statement items (e.g. bad debt write-offs, minority interests, significant changes in assets or liabilities, officer loans if any, tax situations, inter-company or affiliated transactions, restructuring of debt, etc). \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

F. Anything else we should know about your company? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

7. LEGAL CONSIDERATIONS

A. Has your company ever declared Bankruptcy? \_\_\_\_ No \_\_\_\_ Yes(explain) \_\_\_\_\_  
 \_\_\_\_\_

B. Have you or any of the owners of your company ever declared bankruptcy? \_\_\_\_ No \_\_\_\_ Yes(explain) \_\_\_\_\_  
 \_\_\_\_\_

C. Does your company (or any of its affiliates) owe the I.R.S. any past taxes (payroll or otherwise) from this or previous tax periods? \_\_\_\_ No \_\_\_\_ Yes (Please explain) \_\_\_\_\_  
 \_\_\_\_\_

D. Does your company (or any of its affiliates) have any judgement or liens against it?  
 \_\_\_\_ No \_\_\_\_ Yes (Please explain) \_\_\_\_\_  
 \_\_\_\_\_

E. Is your company under any major litigation or threat of litigation? \_\_\_\_ No \_\_\_\_ Yes (Please explain) \_\_\_\_\_  
 \_\_\_\_\_

F. Any authorities in dispute or in jeopardy of being lost? \_\_\_\_ No \_\_\_\_ Yes (Please explain) \_\_\_\_\_

G. Accountant \_\_\_\_\_  
 Name Firm  
 Address City State Zip Code Phone Number

Please forward Federal & State Tax Returns for the last 2 years.

H. Attorney

Name		Firm		
Address	City	State	Zip Code	Phone Number

8. REQUIRED DOCUMENTS CHECKLIST

_____ Company Financial Statement	_____ IRS Federal Tax Returns Prior 2 Years
_____ Personal Financial Statements	_____ State Tax Returns Prior 2 Years
_____ Current A/R Aging	_____ Operating Authority - Federal or State Permit
_____ Articles of Incorporation/Formation	_____ Sample Freight Bills
_____ State Charter Certificate	_____ Certificate of Assumed Name, If Applicable
_____ Corporate Annual Minutes/By-Laws	_____ Voided Check and/or Wire Instructions
_____ Current Insurance Certificate	_____ Current driver's license & 2nd form of ID: US/foreign passport, Social Security Card, US Military card, birth certificate

9. MARKETING INFORMATION

How did you hear of Great Plains Transportation Services, Inc. \_\_\_\_\_

**AUTHORIZATION TO GREAT PLAINS TRANSPORTATION SERVICES, INC.**

The information in this application and all accompanying information is true and correct to the best of my knowledge and belief. I hereby irrevocably authorize Great Plains Transportation Services, Inc. or its agents to contact the references contained herein, to conduct necessary searches (including, but not limited to Verified Credentials) and due diligence, as may be required for approval of this application, including a credit report, and to authenticate in the name of Carrier, and file against Carrier in favor of Great Plains, any documents necessary to perfect a security interest in collateral including, but not limited to, the filing of a UCC-1 Financing Statement or UCC-3 Amendment.

All Owners/Officers Must Sign:

Carrier: \_\_\_\_\_ Dated: \_\_\_\_\_

Signed By: \_\_\_\_\_ Title: \_\_\_\_\_

Please Print Full Name: \_\_\_\_\_  
Example: Michael Lee Smith Incorrect: Mike L. Smith

Signed By: \_\_\_\_\_ Title: \_\_\_\_\_

Please Print Full Name: \_\_\_\_\_  
Example: Michael Lee Smith Incorrect: Mike L. Smith

Signed By: \_\_\_\_\_ Title: \_\_\_\_\_

Please Print Full Name: \_\_\_\_\_  
Example: Michael Lee Smith Incorrect: Mike L. Smith

**Great Plains Transportation Services**

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T: 800-324-8214  
P: 507-238-0220  
F: 507-238-4980

**www.grtplains.com**

*We are large enough to handle your business...  
Small enough to care about you!*