

Full Legal Name of Business: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Corporation/LLC:  Individual:  Partnership:  What State: \_\_\_\_\_ Years in business: \_\_\_\_\_

Email: \_\_\_\_\_ Tax I.D. #: \_\_\_\_\_

MC #: \_\_\_\_\_ Number of trucks you own: \_\_\_\_\_ Number of owner operators leased on to you: \_\_\_\_\_

Are you or any Principal currently in a factoring relationship? Yes  No  With Whom? \_\_\_\_\_

Have you or any Principal ever factored receivables? Yes  No  With Whom? \_\_\_\_\_

How did you hear about Freight Capital? www.factoringforce.com Promo code (if available) FORCE

Would you like more information about **PrePass**? Yes  No  Freight Capital's Universal **Fuel Card**? Yes  No

**OWNERSHIP: PLEASE ACCOUNT FOR 100%**

I/We hereby attest that all information above, whether provided verbally or in writing, is true and correct to the best of my/our knowledge, and is given to induce Capital Partners Funding, LLC dba Freight Capital (CPF) to consider entering into a factoring or lending relationship with Applicant/s. I/We do hereby authorize CPF or its agents/affiliates to (1) verify and investigate at any time the information provided including the obtaining of consumer and other credit reports, and (2) file a Form UCC-1 Financing Statement granting CPF a security interest in all Assets including Accounts of the Applicant/s. A photocopy or facsimile of this authorization will be valid as the original.

Owner Name/Title: \_\_\_\_\_ % Owned: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Owner Name/Title: \_\_\_\_\_ % Owned: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Owner Name/Title: \_\_\_\_\_ % Owned: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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




**1**

**Copy of MC Authority and  
copy of Insurance Certificate.**



**2**

**Articles of Incorporation and/or  
Fictitious Name Filing(s)/DBA.**



**3**

**Copy of the Driver's License  
of Each Owner.**

**PLEASE FAX BACK WITH REQUIRED DOCUMENTS TO 760-496-1726 FOR A NO OBLIGATION QUOTE**

5931 Priestly Drive, Suite 101 | Carlsbad, CA 92008 | Phone: 1-800-775-0391 | Web: [www.FreightCapital.com](http://www.FreightCapital.com)