



PO Box 727  
 1014 SE Lorenz Drive  
 Ankeny, IA 50021  
 Phone: 515-866-8880 ext 13  
 Fax: 515-965-6988

**Factoring Application**

Business Name \_\_\_\_\_ Owner's Name \_\_\_\_\_  
 Street Address \_\_\_\_\_ Email Address \_\_\_\_\_  
 City, ST, Zip \_\_\_\_\_ Address \_\_\_\_\_  
 Phone \_\_\_\_\_ City, ST, Zip \_\_\_\_\_  
 Fax \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_  
 Federal ID# \_\_\_\_\_ Social Security # \_\_\_\_\_  
 MC # \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Type of Trucking \_\_\_\_\_ Spouse's Name \_\_\_\_\_  
 Does the business Use a DBA Name? \_\_\_\_\_ State of Incorporation \_\_\_\_\_

Monthly Sales Volume \$ \_\_\_\_\_ Number of Trucks \_\_\_\_\_

Who referred you to us? \_\_\_\_\_

This serves as my permission for the release of any information regarding this application for the purpose of credit investigation of the company I represent or myself. Please begin the verification and remittance address change process for the accounts receivable submitted to you in order for us to qualify as a client. The above statements are true and accurate to the best of my information and belief.

\_\_\_\_\_  
 Signed Title Date

\_\_\_\_\_  
 Signed Title Date

Please fax the following to complete your application.

1. Articles of Incorporation
2. Proof of Insurance (Listing CJM as a certificate holder)
3. Copy of Articles of Incorporation (if Inc or LLC)
4. Copy of Authority (MC Number)
5. Copy of W-9 with Federal ID Number
6. Voided check
7. Copy of drivers license
8. Copy of Social Security Card

**Fax application to 515-965-6988 and a CJM Financial Sales Manager will contact you!**