

U.I.G. FACTORS CORP. QUICK FUND / LOAN APPLICATION

BUSINESS INFORMATION:

Business Legal Name:		D.B.A.:	
Address:		Suite/Floor:	
City:		State:	
Zip:		Phone:	
Cell:		Fax:	
Website:		E-Mail:	
Legal Entity: (Circle One)	Corp.	Sole Prop	LLC Partnership
Federal Sate Tax ID #:		Landlord/Mortgage Co:	
Type of Business:		Rent/Mortgage Payment:	
		Landlord Contact Name:	
		Landlord Contact Phone:	
		Landlord Contact Fax:	

OWNER / PRINCIPLE INFORMATION:

Name:		Title:	
Address:		City:	
State:		Zip:	
Home Phone:		Fax:	
E-Mail:		Cell:	
% of Ownership		SSN #:	

FUNDING INFORMATION:

Mo. Avg Visa/MC		Current Processor:	
Mo. Total Gross:		AMEX Merchant #:	
Used Cash Ad.:	YES	Discover Merchant #	
Bank Reference:	NO	Avg. Ticket Size:	
Bank Contact:		Trade Reference #1:	
Bank Address:		Contact:	
City / State / Zip		Phone:	
Bank Phone:		Trade Reference #2:	
Routing #:		Contact:	
Account #:		Phone:	

LOAN INFORMATION:

Loan Program:		Premier Program	Min. \$50,000	Preferred Prog. - Min. \$35,000
Annual Sales:		Annual Sales:		
Time in Business		Time in Business	Min. 3 yrs.	Min. 1 yr.
Type of Business		Type of Business		
Credit Score:		Credit Score:		
How Much Money?		# of Week Term:	52 wks	32 wks 26 wks

REFERRAL PARTNERS INFORMATION:

Name:	U.I.G Factors Coporation	Rep ID:	040825.
Address:	16300 NE 19 th Ave # 112	City:	North Miami Beach
State:	FLORIDA	Zip:	33162.
Office Phone:	305-940-1559	Fax:	305-940-0388
Cell:	MARK 305-878-7865	E-Mail:	uigfactorscorp@yahoo.com

FAX or E-MAIL: Please *TYPE* in all of your information on both forms and fax to:
Fax: 305-940-0388 ATTN: Mark or E-Mail it to uigfactorscorp@yahoo.com

OFFICE USE ONLY:

Requested Amt.										
Fund / Loan Program:										
Dollar Amount:										
Retrial %:										
Payback Amt.:										
Source:										
Documents Gathered:	CC State.		Bank State.		Last Years Tax Return					
Work Flow:	Data Entry:		Under-writing:		Approved:		Funded:		COMM. PAID:	
Commission Structure:										
COMMENTS:										