



Wave Crest Financial, LLC  
 1400 Bristol St. N. Ste 200  
 Newport Beach, CA 92660

**APPLICATION TO FACTOR RECEIVABLES**

Company Name:		
DBA (alternate trade name(s)):		
EIN:	Phone:	Fax:
Street Address:		
City:	State:	ZIP Code:
Mailing Address (if different):		
Web Address:		Years in Business:
Legal Business Status (circle one): Sole Proprietor   Partnership   Corporation   LLC		
Type and Description of Business		
# of Employees	Federal/State taxes past due?	Tax lien filed?
	Current Bankruptcy?	Prior Bankruptcy?
If taxes past due or tax lien filed, provide date(s) and amount(s):		

**OWNERS/PARTNERS/OFFICERS INFORMATION**

Name:		
Date of birth:	SSN:	Title:
Home Address:		
City:	State:	ZIP Code:
Home Phone:	Cell Phone:	% Ownership:
DL #:	DL State:	Years with Company:
Email address:		
Name:		
Date of birth:	SSN:	Title:
Home Address:		
City:	State:	ZIP Code:
Home Phone:	Cell Phone:	% Ownership:
DL #:	DL State:	Years with Company:
Email address:		
Name:		
Date of birth:	SSN:	Title:
Home Address:		
City:	State:	ZIP Code:
Home Phone:	Cell Phone:	% Owned:
DL #:	DL State:	Years with Company:
Email address:		



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**BANKING AND FINANCIAL INFORMATION**

Bank Name:		
City:	State:	ZIP Code:
Bank Officer Name:	Phone	Fax:
Open Commercial Loans with any other financial institutions (e.g., banks, credit unions, online lenders, installment lenders, merchant cash advance, factoring companies)? If yes, please provide lender names, loan amounts and a description of payment terms. Use a separate sheet if necessary.		

**ACCOUNTS RECEIVABLE INFORMATION**

Anticipated Monthly Factoring Volume:
Have you factored invoices before under this business name or any other business name? If so, please list the business name(s) and factor name(s):
For the invoices you anticipate factoring, describe current payment terms.
Describe the proposed business use of funds:
How did you hear about Wave Crest?

**SUPPORTING DOCUMENTS FOR INVOICE FACTORING. PLEASE PROVIDE THE FOLLOWING:**

- Copies of photo ID (front and back) for all owners/partners/officers
- Business formation documentation (e.g., articles of incorporation, certificate of existence, certificate of good standing, etc.)
- Voided check from Business bank account
- Accounts Receivable Aging and/or Invoices from Debtor to be factored/copies of contracts or purchase orders
- Business Liability Insurance
- Worker's Compensation Insurance (staffing firms only)

By signature below, I/We acknowledge that application submission does not obligate Wave Crest to purchase invoices from my company. I/We certify that all of the information provided on this application is true and correct to the best of my/our knowledge. I/We authorize Wave Crest to make any credit, or investigative inquiry, or information verification that Wave Crest determines appropriate for the extension of credit, or an invoice factoring program.

Signature:	Title:	Date:
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Please email this application to [info@wavecrestcap.com](mailto:info@wavecrestcap.com) or call (949) 415-6427. We'll begin processing the application and a Wave Crest representative will contact you shortly.