



ANCHOR FUNDING SERVICES, LLC

Accounts Receivable | Purchase Order | Inventory Finance

Get started Today!
Call 1-866-950-6669

Home

Funding Programs

What Is Factoring

Our Company

Lets's Get Started

AFS Factor Broker Center

*required fields

General Information

*Registered Entity Name:

Trade Name:

*Email Address:

*Address:

*City:

*State:

*Zip:

*Business Phone:

*Business Fax:

County:

*Type of Entity *→ LLC, Corporation, Partnership, Other*

or Other:

*Date Formed:

*State of Incorporation:

*Federal Tax ID:

How Did You Hear About Anchor Funding?

Accounts Receivable Information

*Total A/R Balance: 1-30 days:

31-45:

46-60:

60+:

*Annual Sales 2008: Avg. Monthly Sales 2009: *Monthly Amount to be Factored:

Num. Active Customers: Largest Customer:

% of Business: Average Inv Size:

Have You Ever Factored Before?

Yes | No

If Yes, with whom?

When?

Are You Currently Factoring?

Yes | No

If Yes, with whom?

Contract End Date?

Ownership Information (Must Account for 100%)

Owner Number One

*Owner Name:

*Home Address:

*Social Security Num:

*Date of Birth:

Home Phone:

Cell Phone:

*Title:

*% of Owner Ship:

Owner Number One Employment History (Most Recent Employment First)

*Title

*Company

*Address

*Length of Service



A Partner You Can Trust

Before you choose a funding company, see and hear why we are different

PLAY VIDEO



QUICK QUOTE

Get a proposal in 24 hours!

CLICK HERE



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YOUR INFORMATION IS SAFE WITH US!

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***Brief Job Description**

***Title** ***Company** ***Address** ***Length of Service**

***Brief Job Description**

- Have you ever declared bankruptcy? Yes No
- Are there any unsatisfied judgments or tax liens against you? Yes No
- Are there now, or have you ever been a party to any litigation? Yes No
- Have you granted any lien or security interest in any of your assets to anyone within the last five (5) years? Yes No
- Have any of the principals (IE: directors, officers, shareholders, partners, members) been involved with a business similar to that of applicant within the last five (5) years? Yes No

Owner Number Two

Owner Name: **Home Address:**

Social Security Num: **Date of Birth:** **Home Phone:** **Cell Phone:**

Title: **% of Owner Ship:**

Owner Number Two Employment History (Most Recent Employment First)

Title **Company** **Address** **Length of Service**

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ANY ADVERSE MATERIAL CHANGE TO THE FINANCIAL INFORMATION PREVIOUSLY SUPPLIED, MUST BE REPORTED WITHIN FIFTEEN (15) DAYS."

Submit Application