



APPLICATION

www.ithrivefunding.com
844-770-2958

COMPANY INFORMATION			
Business Name and DBA (if any)		Email	
Address		City	State/Zip Code
Mobile Number	Fax Number		DOT #
State of Registration	Date Established	Federal Tax ID	MC Authority #
Business Type C Corp <input type="checkbox"/> S Corp <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Prop <input type="checkbox"/>		State Organizational ID	
# Company Trucks	# Owner Operators	Open Accounts Receivable	Average Monthly Sales
Current Factor (if any)		Fuel Card (if any) 1	

OTHER INFORMATION	
Have you, this company, any of its officers or directors, or any affiliated companies ever:	
Been convicted of a felony in last 10 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Filed bankruptcy?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Been past due or currently past due on all taxes?	Yes <input type="checkbox"/> No <input type="checkbox"/>

COMPANY OWNER(S)			
Full Name	Title	Social Security Number	% of Ownership
Home Address		City	State Zip Code
Drivers License Number	State Issued	Expiration	DOB
Owner or Officer #2			
Full Name	Title	Social Security Number	% of Ownership
Home Address		City	State Zip Code
Drivers License Number	State Issued	Expiration	DOB

Salesperson You Are Working With: _____

How did you hear about iThrive: _____

IMPORTANT INFORMATION

By executing this application, the undersigned person(s) certifies to the following: That he/she is an authorized representative of the company and has authority to complete the application on behalf of the company; The information set forth in this application and in any documents, reports, statements, and/or other information provided to iThrive Funding, LLC (iThrive) are full, true, correct, and complete and accurately reflect such information on the date(s) thereof; that iThrive is authorized to request, receive, and verify credit reports and other financial information regarding applicant(s) and its business that iThrive deems necessary and appropriate; that iThrive is authorized to execute in the name of the undersigned person(s); and that iThrive is authorized to inquire of, investigate, confirm, and verify any information contained in this application, in any documents, reports, statements, and/or other information provided under or pursuant to this application, or learned by iThrive as part of its investigation and review of this application, applicant(s), or applicants' business. iThrive is authorized to file UCC Financing Statements concerning all accounts of applicant upon execution of this application. In the event funding does not occur, iThrive will terminate the filings.

MUST BE SIGNED BY MAJORITY OWNER(S) OF THE COMPANY (Please attach additional sheets if necessary)

Signed: _____ **Date:** _____

Print Name and Title: _____

EMAIL APPLICATION TO: SALES@ITHRIVEFUNDING.COM OR FAX TO: 801-405-6204