PAY4FREIGHT.COM
A PRODUCT OF CARRIER CASH LLC

ENROLLMENT APPLICATION

Business Name		*Federal Tax ID Number*
Street Address		*Date Established*
City *State* *Zip*		*MC Number*
Phone	*Type of Business:* ☐ Sole Proprietor ☐ Corporation -- ☐ "S" ☐ "C" ☐ LLC ☐ Partnership	
Fax	*Carrier Authority (check all that apply):* ☐ Common ☐ Contract	
Email	☐ Brokerage ☐ Other	
Average Monthly Sales $	*Open Accounts Receivable* $	*Average Invoice Size* $

Have you or any Principal ever factored invoices or receivables? Yes ☐ No ☐ *With whom?* _____

Are you or any Principal currently in a factoring relationship? Yes ☐ No ☐ *Explain:* _____

Pending liens/judgments? ☐ Yes ☐ No *(If Yes, explain)*	*Current on all taxes?* ☐ Yes ☐ No *(If No, explain)*	*Ever file bankruptcy?* ☐ Yes ☐ No *(If Yes, date)*

OWNERS - IMPORTANT INFORMATION

I/we hereby certify that all information provided on this Application is true and correct to the best of my/our knowledge and is given to induce Carrier Cash, LLC ("CC") dba Pay4Freight.com to consider entering into a factoring relationship with the applicant/s at their sole discretion. I/we do hereby authorize CC to verify and investigate at any time the information provided including the obtaining consumer and other credit reports we deem necessary for acceptance into our program.

OWNERSHIP: PLEASE ACCOUNT FOR 100%

Full Legal Name	*Position*	*Social Security Nbr.*
Home Address	*Date of Birth*	*Ownership Percent* %
City *State* *Zip*	*Phone – Home*	*Phone – Cell*
Signature	*Date*	
Full Legal Name	*Position*	*Social Security Nbr*
Home Address	*Date of Birth*	*Ownership Percent*
City *State* *Zip*	*Phone – Home*	*Phone – Cell*
Signature	*Date*	

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