APPLICATION FORM

ACCORD FUNDING

Please Provide:

Corporation ID: _____ EIN: _____

Company Name: _____

Motor Carrier # _____ DOT # _____ State: _____

Owner Name: _____

D.O.B: _____ Social Security # _____

Driver License # _____ Year with CDL # _____

Are you a US Citizen: Yes ____ or No ____ Place of Birth: _____

Address: _____

Telephone: _____ Email: _____

Preferred Language: English _____ Spanish _____ Other: _____

Tax Return Information: Indicate Year Provided: _____

Bank Information:

Bank Name: _____

Checking Account Number: _____

Routing Number: _____

Customer Name	Customer MC	Customer DOT	Address	Phone Number	Broker Yes / No	Average Monthly Volume

Please List Any Existing Loans / Lease Obligations:

Name: Telephone #   Address: Amount Owe:

1. _____

2. _____

3. _____

Do you have any existing Accounting Software: Yes_____No_____ If *yes*, please provide

Software Details: _____

Do you use TMS Software? If yes, Please list which one.

_____

Please Send Below Documents To: info@accordfunding.us

* Driver License   * Voided Check

* Social Security Card   * MC & DOT

* Passport or Green Card   * 3 Months of Bank Statements

* Certificate of Formation   * Recent Tax Return

*Tax ID   * Quarterly Statement

Application Signature X _____ **Date:** _____

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE APPLICANT FURTHER CERTIFIES THAT I HAVE ATTAINED THE AGE OF MAJORITY APPLICANT AUTHORIZES YOU TO CHECK MY CREDIT AND EMPLOYMENT HISTORY TO PROVIDE AND / OR OBTAIN INFORMATION ABOUT CREDIT EXPERIENCES WITH ME. I ACKNOWLEDGE BY SIGNING THIS DOCUMENT THAT I HAVE THOROUGHLY READ THIS FORM.

ACCORD FUNDING LLC

Client Name:	
Documents	**Checklist**
1 Application	☐
2 Driver License	☐
3 Social Security Card	☐
4 Passport or Green Card	☐
5 Certificate of Formation	☐
6 Tax Identification	☐
7 Voided Check	☐
8 MC & DOT	☐
9 3 Months of Bank Statements	☐
10 Recent Tax Return	☐
11 Quarterly Statement	☐

Comments:

_____
_____
_____
_____

Verified By:_____ **Date:**_____