



FUNDING APPLICATION

Referred by: _____

Name of Funeral Home: _____

Name of Owner: _____

Address of Funeral Home: _____

City, State, Zip Code: _____

Funeral Home Phone #: _____ Funeral Home Fax #: _____

Email Address: _____

Federal Tax ID #: _____ Social Security #: _____

State Issued License #: _____ Year Business Was Established: _____

Business Structure: _____ Sole Proprietor _____ Partnership _____ Corporation _____ LLC

Authorized Persons to Sign on behalf of the funeral home/partners/funeral directors

Name: _____ Title: _____

Name: _____ Title: _____

Name of Business/Accounting Manager: _____

Have you use a Funding Company in the Past? ___ Yes ___ No What Company? _____

Estimated # of services per year: _____ Average cost per service \$: _____

PAYMENT PREFERENCE: (A copy of a voided check will be required for wire transfers)

_____ ACH WIRE (Funds deposited into your account and clear next business day) No Fee

_____ DIRECT WIRE (Funds deposited into your account and clear same day) \$15 processing fee per claim

_____ CHECK (Funds will be sent by check) \$25 fee per claim

Bank Name: _____ Name on Account: _____

Account #: _____ Transit Routing #: _____

Bank Address: _____

I hereby authorize North Carolina Mutual Financial LLC to process this application for credit and third party funding approval. The statements made herein and all information provided in subsequently attached documents are true and correct to the best of my knowledge.

Print Name of Authorized Person

Authorized Signature & Date

Print Name of Authorized Person

Authorized Signature & Date