



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