

**Factoring Request
For Advanced Commercial Capital, Inc.**

Fax this form along with all paperwork for the invoices listed below to **(435) 673-8724** or email to **invoices@adcomcapital.com**.

Your Company Name: _____

Your Name: _____

Your Phone Number: _____

Date: _____

Total No. of Pages Being Faxed/Emailed: _____

Be sure to include the following with each invoice submitted: _____

- Invoice
- Rate Confirmation
- Proof of Delivery
- Weight Tickets if Req'd

Please factor the following invoices:

Invoice No.	Invoice Date	Company Being Billed	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Payment Method (Please Check One):

- Same Day Wire Transfer – \$25 Fee (Must be received by ACC **before 2:00 pm** MST)
- ACH Funds Transfer – No Fee (Must be received by ACC **before 2:30 pm** MST)
- Comcheck – Fee varies based on amount issued (Available during business hours)

Notes/Special Instructions:

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