

## **Factoring Application & Client Profile**

Legal Business Name	
BA (if any) In Business Since	
Address Phone	
City/St/Zip	Fax
Website	Email
Please Describe Your Products or Services	
Type of Business (circle one) "C" Corp "S" Corp	LLC LLP/LP Partnership Sole Proprietorship
State Business Organized In Year organized	EIN/Tax ID
Legal name and title of person authorized to sign for business:	SSN DOB
Owner Information (Please list legal name, address, and ownership percentage for each owner for a total of 100%)	
List and describe balances on existing financing, if any.	
List and describe all amounts owed to the IRS, if any.	
Do you have an approved IRS payment Plan? Y N Are you	current? Y N Is there an open IRS Lien? Y N
Are there any judgments, liens, bankruptcy filings, collections, felony convictions, or pending litigation against the company or owners? Please circle one: Yes or No (If yes, please describe and explain.)	
List the customers you would like to factor including name, address, monthly billing, and payment terms.	
How did you hear about us?	Who referred you?
How much do you want to factor each month \$	Have you factored before? Y N When?
Invoices Per Month Customers Per Month	Balance of Outstanding Receivables \$
Receivable Balance Status	
Current 0-30 days 31-60 Days	61-90 days Over 90 days
Authorization and Acknowledgement  The foregoing information is provided by an authorized company representative for a commercial transaction and is true and correct to the best of my knowledge. Factoring Company or its agents are authorized to verify and investigate any or all of the foregoing statements including the right to procure credit information pertaining to all principals listed in this application. The undersigned understands the submission of this application does not mean a factoring transaction will be approved and additional documentation may be requested including an A/R aging report. A decision is usually reached within 10 days assuming timely receipt of information. A written proposal with terms will be provided by the Factoring Company for review and approval.	
Signature	Title: Date:
Print name	Best number to reach you:
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