

# CLIENT PROFILE

Company Name \_\_\_\_\_ Date Established \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone# \_\_\_\_\_ Fax # \_\_\_\_\_

Company Officer \_\_\_\_\_ Title \_\_\_\_\_

Company is a (1) Corporation (2) Partnership (3) Proprietorship \_\_\_\_\_ Federal ID # (or SS #) \_\_\_\_\_

Annual Sales Volume \_\_\_\_\_ No. of Employees \_\_\_\_\_

Type of Business (i.e.: Manufacturing, Publishing, Distribution, Etc.) \_\_\_\_\_

Type of Clients (i.e.: Retailers, Hospitals, Distributors, etc.) \_\_\_\_\_

Approximate Number of Clients \_\_\_\_\_ Terms of Sale \_\_\_\_\_

Are your accounts receivable pledged as collateral? If Yes, explain. \_\_\_\_\_

Do you or your company have any judgments or liens filed against you? If yes, explain. \_\_\_\_\_

How did you hear about our company? \_\_\_\_\_

Approximately how much bad debt do you write-off per year? \_\_\_\_\_

Approximately how much volume do you wish to factor/finance per month? \_\_\_\_\_

Estimate your frequency of transactions factored/financed. \_\_\_\_\_

Have you ever factored your receivables? \_\_\_\_\_ If yes, with whom? \_\_\_\_\_

Do you have any outstanding loans or lines of Credit? If so, please list them below:

Amount of Loan/Credit Line      Lender Name      Collateral

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Taxes (if any) due or past due:

Local: \_\_\_\_\_ State: \_\_\_\_\_ Federal: \_\_\_\_\_

Litigation (if any): Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

Three Representative Customers You Wish to Factor:

Name: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Average Invoice Amount: \$ \_\_\_\_\_

Total Credit Offered Last 12 Months: \$ \_\_\_\_\_

Dollar Volume of Receivables Outstanding For:

0 - 30 Days \_\_\_\_\_ 31 - 60 Days \_\_\_\_\_

61 - 90 Days \_\_\_\_\_ 91+ Days \_\_\_\_\_

Approximate Amount of Customer's Invoices You Wish to Factor Monthly: \_\_\_\_\_

Name: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Average Invoice Amount: \$ \_\_\_\_\_

Total Credit Offered Last 12 Months: \$ \_\_\_\_\_

Dollar Volume of Receivables Outstanding For:

0 - 30 Days \_\_\_\_\_ 31 - 60 Days \_\_\_\_\_

61 - 90 Days \_\_\_\_\_ 91+ Days \_\_\_\_\_

Approximate Amount of Customer's Invoices You Wish to Factor Monthly: \_\_\_\_\_

Name: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Average Invoice Amount: \$ \_\_\_\_\_

Total Credit Offered Last 12 Months: \$ \_\_\_\_\_

Dollar Volume of Receivables Outstanding For:

0 - 30 Days \_\_\_\_\_ 31 - 60 Days \_\_\_\_\_

61 - 90 Days \_\_\_\_\_ 91+ Days \_\_\_\_\_

Approximate Amount of Customer's Invoices You Wish to Factor Monthly: \_\_\_\_\_

**GENERAL INFORMATION**

Name

Address

Phone#

Attorney: \_\_\_\_\_

Accountant: \_\_\_\_\_

Do you currently lease your space? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, list amount of monthly rental: \_\_\_\_\_

Landlord/Mgt. Co.: Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Lease period: \_\_\_\_\_

**PERSONAL INFORMATION ON OFFICERS, PARTNERS, OR GUARANTORS**

(Require Minimum of President and Secretary for Corporation)

---

Name	Title	% Ownership	How Long with Company
------	-------	-------------	-----------------------

---

Name	Title	% Ownership	How Long with Company
------	-------	-------------	-----------------------

---

Name	Title	% Ownership	How Long with Company
------	-------	-------------	-----------------------

---

Name	Title	% Ownership	How Long with Company
------	-------	-------------	-----------------------

**COMPANY BANK REFERENCES - TWO YEAR HISTORY** (Important to establish any loan history)

---

Name of Bank/Branch	City/State	Phone	Contact Officer
---------------------	------------	-------	-----------------

---

Name of Bank/Branch	City/State	Phone	Contact Officer
---------------------	------------	-------	-----------------

**TRADE REFERENCES - TWO YEAR HISTORY** (important to establish high credit and payment history)

---

Name of Supplier	Address	City/State	Phone	Contact Officer
------------------	---------	------------	-------	-----------------

---

Name of Supplier	Address	City/State	Phone	Contact Officer
------------------	---------	------------	-------	-----------------

---

Name of Supplier	Address	City/State	Phone	Contact Officer
------------------	---------	------------	-------	-----------------

---