

Factoring Application

FACTORING - CLIENT PROFILE WORKSHEET

COMPANY INFORMATION (Required)

Legal Name of Company on Articles of Incorporation: _____

DBA if applicable: _____

Address: _____ City: _____ State: _____ ZIP _____

Phone: _____ Fax: _____ e-Mail: _____

Federal Tax ID # _____ Number of Employees: _____

Legal form of business: ___ Corporation ___ Partnership ___ Proprietorship ___ LLC

Date Business Started: _____ State of Incorporation/Registration: _____

Described Type of Business: _____

CORPORATE OFFICERS / PARTNERS / OWNERS (if more than three, please attach separate page) (Required)

Name: _____ **Title:** _____ **Ownership %** _____

Home Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ SS#: _____ Driver's license # _____ State Issued: _____

Name: _____ **Title:** _____ **Ownership %** _____

Home Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ SS#: _____ Driver's license # _____ State Issued: _____

Name: _____ **Title:** _____ **Ownership %** _____

Home Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ SS#: _____ Driver's license # _____ State Issued: _____

Factoring Application – Client Worksheet

ACCOUNTS RECEIVABLE INFORMATION (Required)

Are receivables generated from sale of goods, sales of services, or both? Goods Services Both

Number of Active Customers: _____ Number of invoices per month: _____

Normal Selling Terms: _____ Are any extended terms Granted? No Yes

What is your Average Monthly Sales Volume? \$_____ Annual Sales \$_____

How much of your Monthly Billing do you wish to factor? \$_____

Do you require Purchase Orders from your Clients? What other documentation do you require?

Have you ever factored your Receivables? No Yes, if yes with whom? _____

Are you still submitting invoices? Yes No Reason for leaving:

Does the Applicant or its Principle(s) have any pending lawsuits against them? No Yes

If yes, please explain: _____

Does the Applicant or its Principle(s) have any outstanding loans? No Yes

If yes please explain? _____

Lender	Amount Outstanding	Collateral	Contact Person	Telephone

BANK REFERENCES

Bank Name: _____ Account #: _____

Contact Name: _____ Phone: _____

Bank Name: _____ Account #: _____

Contact Name: _____ Phone: _____

Factoring Application – Client Worksheet

CLIENT LISTING (Required)

Please list your 7 largest customers

COMPANY NAME	PHONE	MONTHLY VOLUME	ADDRESS
1			
2			
3			
4			
5			
6			
7			

REFERENCES:

Accountant: _____ Phone: _____ Fax: _____

Insurance Agent: _____ Phone: _____ Fax: _____

Attorney: _____ Phone: _____ Fax: _____

The undersigned Officer, on behalf of the Company and individually, represents and warrants that all information on this Application is true and correct. I understand this is not an application for credit. The intent of this profile is for you to determine if a relationship between our two companies would be mutually beneficial. I authorize you to investigate the information I have supplied you with on this profile. I further authorize you to access any credit reporting agencies for which you or your affiliates, agents are a member of in your investigation of my company or me.

COMPANY: _____ **(Required)** DATED: _____

President's / Principal's name: (Printed) _____ **(Required)**

President's / Principal's signature: _____

SUPPORT INFORMATION (Required For Proposal):

- Most recent balance sheet and income statement
- Most recent detailed Accounts Receivable Aging Report
- Most recent detailed Accounts Payable Aging Report
- Last year's balance sheet and income statement

Page 3 of 3

Fax toll-free to 866-383-4120

BOB MOORE – President – Cash Financial Services, Inc.
Brookhaven Square – 3509 Brookford Drive, Norman, OK 73072
Phone 580-695-0331 – fax toll-free 866-383-4120
www.cashfinancialservices.com - financingusa@yahoo.com
David Lott – webmaster

Date: _____

FAX Application toll-free to 866-383-4120

Bob Moore
President, Cash Financial Services
Phone 580-695-0331
Web: www.cashfinancialservices.com Email: financingusa@yahoo.com or bobmoorefinancing@gmail.com

RE: Requesting Invoice Factoring

Hello Bob:

Attached is my application, call for additional information. I understand I may have to provide the following items:

- Last 2 years and Year to Date Financial Reports
- Current Aging Accounts Receivable
- Current Aging Accounts Payable report
- One of the Following Whichever is Applicable:
Articles of Incorporation or DBA Filing or Partnership Agreement or Business License
- List of Owners/ Principals /Partners & Percentage of Ownership
- Legible Copies of Drivers Licenses for all Owners/ Principals /Partners

Company Name: _____

Point of Contact Name: _____

Address _____

City, State Zip _____

Web _____ Email _____

Phone _____ Fax _____

Cell _____ Home phone _____

Comment: _____