

# 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](http://www.cashfinancialservices.com) - [financingusa@yahoo.com](mailto: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](http://www.cashfinancialservices.com) Email: [financingusa@yahoo.com](mailto:financingusa@yahoo.com) or [bobmoorefinancing@gmail.com](mailto: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: \_\_\_\_\_