

# **Client Application**

## **BUSINESS INFORMATION**

Business Name: \_\_\_\_\_

D/B/A Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Corporation: \_\_\_\_\_ Partnership: \_\_\_\_\_ Other: \_\_\_\_\_

State of Formation: \_\_\_\_\_ Year Started: \_\_\_\_\_

Other Business Address: \_\_\_\_\_

Product or Type of Business: \_\_\_\_\_

Federal Tax I.D. Number: \_\_\_\_\_

Have you Factored before? If so, please give name and phone number of Factor:

\_\_\_\_\_

## **BUSINESS CREDIT REFERENCES**

	<b>Name</b>	<b>Phone Number</b>
1.	_____	_____
2.	_____	_____

## **BANK AND SECURITY INFORMATION**

Bank Name: \_\_\_\_\_

Officer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Account Number: \_\_\_\_\_

Check all items for which your bank has a security interest:

Accounts Receivable \_\_\_\_\_ Equipment \_\_\_\_\_ Inventory \_\_\_\_\_ Fixtures \_\_\_\_\_

If any other entity or person has a security interest in any of your assets, please fill in the following:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Purpose and Security: \_\_\_\_\_

Are any of your taxes past due? Yes \_\_\_\_\_ No \_\_\_\_\_ Amount \$ \_\_\_\_\_  
If yes, which type: Federal \_\_\_\_\_ State \_\_\_\_\_ Local \_\_\_\_\_

### SALES INFORMATION

Open Receivables: \_\_\_\_\_ Selling Terms: \_\_\_\_\_  
Average Monthly Sales: \_\_\_\_\_ Projected Sales: \_\_\_\_\_  
% of Sales to be Factored: \_\_\_\_\_ Average Invoice Size: \_\_\_\_\_

List Largest Clients and Average Monthly Receivables:  
(Include **Address and Phone #**. Attach an additional page if necessary)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### COMPANY OFFICERS

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Social Security #: \_\_\_\_\_ % of Ownership: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Have you ever been arrested for, charged with or convicted of any crime? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Social Security #: \_\_\_\_\_ % of Ownership: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Have you ever been arrested for, charged with or convicted of any crime? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain: \_\_\_\_\_

Has the company or any of its officers or owners ever declared bankruptcy before? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain: \_\_\_\_\_

How did you hear about us? Mailing \_\_\_\_\_ Referral Name \_\_\_\_\_ Yellow Pages \_\_\_\_\_  
Other (please specify) \_\_\_\_\_

Please submit the following documents with this application:

1. **Current company financial statement**
2. **Articles of Incorporation or Other; D/B/A Certificate**
3. **Current Accounts Receivable Aging and Accounts Payable Aging**
4. **Last quarter proof of 941 tax payment (941 form that was filed and payroll company statement(s))**
5. **Copy of Driver's Licenses for Company's Principals**
6. **Copy of a current invoice**

In order for your application to be processed in a timely manner, please be sure to include **all** of the above documents with your application.

The information contained in this application and in the attached documents is **true and correct**, and I understand that Decisive Commercial Finance / Factor Masters will rely on such information. I hereby authorize any credit, criminal or background investigation deemed necessary by Decisive Commercial Finance / Factor Masters. and/or its designees.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_