

Client Profile

CCFC/Broker Information

Name _____ Company _____ Date _____
Address _____
City _____ State _____ ZIP _____ Phone _____ Fax _____

Client Information

Legal company name _____
Dba name (if applicable) _____
Present address _____
City _____ County _____ State _____ ZIP _____
Phone _____ Fax _____
Contact _____ Title _____
Structure Corporation Partnership Sole Proprietorship LLC Date est. _____
State of Incorporation _____ Date of Incorporation _____ Federal Tax ID/SSN _____
Business description _____
Has Client ever factored receivables? No Yes (with whom?) _____
Does Client or its Principals have any: Judgments Liens Back taxes Lawsuits
(Check all that apply and attach details.)
Does Client have any outstanding loans? No Yes (name of institution) _____
Balance owed \$ _____ Are receivables pledged as collateral? No Yes

Principals of Company

Name/title	Home address	Social Security #
_____	_____	_____-_____-_____
_____	_____	_____-_____-_____
_____	_____	_____-_____-_____
_____	_____	_____-_____-_____

Bank References

Name of institution _____ Address _____
Phone _____ Contact _____ Check/loan acct.# _____
Name of institution _____ Address _____
Phone _____ Contact _____ Check/loan acct.# _____

Principal Customer Information

Please list client's five largest customers client wishes to factor. Customers will not be initially contacted.

Monthly Sales/Average Invoice	Name	City / State	Phone
\$ _____ / _____	_____	_____	_____
\$ _____ / _____	_____	_____	_____
\$ _____ / _____	_____	_____	_____
\$ _____ / _____	_____	_____	_____
\$ _____ / _____	_____	_____	_____

Attach the following: (1) Copy of Articles of Incorporation & By-Laws or Copy of Partnership Agreement,
(2) Copy of Fictitious Name Filing (if applicable) and (3) Accounts Receivable Aging.

/clientpr