



- 1. Legal Name of Business: _____
2. Trade Name: _____ 3. Federal ID#: _____
4. Main Office Address: _____
5. Mailing Address: _____
6. Date Established: _____ 7. Phone: _____ 8. Fax: _____
9. Website: _____ 10. E-Mail Address: _____
11. Has there been a change of owners during the last 12 months or has there ever been a change of name of business?
No _____ Yes _____ If yes, please explain: _____
12. What type of business: _____

ACCOUNTS RECEIVABLE INFORMATION

- 13. Total Receivables Outstanding: _____ 14. Total Revenue: Last 30 Days: \$ _____ Past 12 Months: \$ _____
1-30 Days \$ _____ 15. Projected Revenue: Next 12 Months: \$ _____
31-60 Days \$ _____ 16: Amount to be Factored: \$ _____
61-90 Days \$ _____ 17. Average Number of Customers: _____
91 + Days \$ _____ 18. Average Number of Invoices each Month: _____
Total \$ _____ 19. Average Invoice Amount: \$ _____ Avg. Days of Collections: _____

20. List company's five (5) largest customers:

Table with 3 columns: Name of Company, City/State, Contact Person/Telephone Number. Includes five blank rows for data entry.

21. Has this company ever factored or pledged its accounts receivable? No ___ Yes ___ Is there a lien on the company's Accounts receivable? No ___ Yes ___ If yes to either question, please give details, including names of party to whom Receivables are or were factored or pledged: _____

22. Are any Federal, State and/or Local taxes past due? No ___ Yes ___

23. Is this company now or has it ever been in bankruptcy? No ___ Yes ___

INDIVIDUAL INFORMATION

24. Please list all OWNERS, SHAREHOLDERS, OFFICERS and/or DIRECTORS of company:

A. Full Name: _____
Home Address: _____
Home Phone: _____ Social Security Number: _____
Title: _____ Director? No ___ Yes ___ Ownership % _____



Associated Receivables Funding, Inc.
PROSPECTIVE CLIENT INFORMATION AS OF _____
Date

B. Full Name: _____
First Middle Last

Home Address: _____
Physical Address City County State Zip

Home Phone: _____ Social Security Number: _____

Title: _____ Director? No Yes Ownership %

C. Full Name: _____
First Middle Last

Home Address: _____
Physical Address City County State Zip

Home Phone: _____ Social Security Number: _____

Title: _____ Director? No Yes Ownership %

D. Full Name: _____
First Middle Last

Home Address: _____
Physical Address City County State Zip

Home Phone: _____ Social Security Number: _____

Title: _____ Director? No Yes Ownership %

E. Full Name: _____
First Middle Last

Home Address: _____
Physical Address City County State Zip

Home Phone: _____ Social Security Number: _____

Title: _____ Director? No Yes Ownership %

REFERENCES

25. Bank: _____ Phone: _____

Officer: _____ Account Number: _____

26. Accountant: _____ Phone: _____

Officer: _____ Years with Firm: _____

DOCUMENTS NEEDED

- 27. Financial Statements and Business Tax Returns for the Most Recent Two (2) Years
28. Current Detailed Accounts Receivable Aging
29. Personal Financial Statements of Your Companies Principals
30. Accounts Payable Schedule
31. Articles of Incorporation
32. Invoice Sample and Backup to Invoice
33. Business Plan or Resumes (if available)

DECLARATION

The information supplied in this Prospective Client Information form and all forms and documentation submitted to Associated Receivable Funding, Inc. and or its subsidiaries/affiliates in connection herewith is true, correct and complete to the best of my knowledge and belief. I/we hereby authorize Associated Receivables Funding, Inc. to investigate my/our financial responsibility and credit worthiness as deemed necessary by Associated Receivables Funding, Inc. I/we grant Associated Receivables Funding, Inc. the right to procure and all credit reports pertaining to any party to this application.

Signed By: _____ Title: _____ Date: _____

Signed By: _____ Title: _____ Date: _____