



# Associated Receivables Funding, Inc.

PROSPECTIVE CLIENT INFORMATION AS OF \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

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. Email 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: \_\_\_\_\_ 13. State of Incorporation: \_\_\_\_\_

### ACCOUNTS RECEIVABLE INFORMATION

14. Total Receivables Outstanding: \_\_\_\_\_ 15. Total Revenue: Last 30 Days: \$ \_\_\_\_\_ Past 12 Months: \$ \_\_\_\_\_

1-30 Days \$ \_\_\_\_\_ 16. Projected Revenue: Next 12 Months: \$ \_\_\_\_\_

31-60 Days \$ \_\_\_\_\_ 17. Amount to be Factored: \$ \_\_\_\_\_

61-90 Days \$ \_\_\_\_\_ 18. Average Invoice Amount: \_\_\_\_\_

91 + Days \$ \_\_\_\_\_ 19. Average Number of Invoices per week: \_\_\_\_\_

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

Name of Company	City/State	Contact Person/Telephone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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, and/or State payroll taxes past due? No \_\_\_\_\_ Yes \_\_\_\_\_

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



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## INDIVIDUAL INFORMATION

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

A. Full Name: \_\_\_\_\_  
First Middle Last

Home Address: \_\_\_\_\_  
Physical Address City County State ZIP

Home Phone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Title: \_\_\_\_\_ Director? No \_\_\_ Yes \_\_\_ Ownership % \_\_\_\_\_

Nearest Relative: \_\_\_\_\_  
Full Name Address Phone Number

B. Full Name: \_\_\_\_\_  
First Middle Last

Home Address: \_\_\_\_\_  
Physical Address City County State ZIP

Home Phone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Title: \_\_\_\_\_ Director? No \_\_\_ Yes \_\_\_ Ownership % \_\_\_\_\_

Nearest Relative: \_\_\_\_\_  
Full Name Address Phone Number

C. Full Name: \_\_\_\_\_  
First Middle Last

Home Address: \_\_\_\_\_  
Physical Address City County State ZIP

Home Phone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Title: \_\_\_\_\_ Director? No \_\_\_ Yes \_\_\_ Ownership % \_\_\_\_\_

Nearest Relative: \_\_\_\_\_  
Full Name Address Phone Number

## REFERENCES

25. Bank: \_\_\_\_\_ Phone: \_\_\_\_\_

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

26. Accountant: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact: \_\_\_\_\_ 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. Front and Back of Driver's License for persons listed above

## DECLARATION

The information supplied in this Prospective Client Information form and all forms and documentation submitted to Associated Receivables 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 any and all credit reports pertaining to any party to this application.

Signed By: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signed By: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_