

Client Profile



The Company

Legal Business Name: _____ Employer ID#: _____

Type of Entity (✓ One): Corporation Partnership Sole Proprietorship State of Incorporation: _____

Nature of Business: _____ Date Started: _____ # Employees: _____

Address: _____ City: _____ County: _____ State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____

Does the company: Own Rent the property? Landlord's Name / Phone: _____ / _____

Insurance Agent: _____ Phone #: _____

Any past due taxes? _____ Has a lein been filed? _____ Any liens on receivables? _____

Any bank loan or line of credit? _____ If yes, with whom? _____

If your answer is "yes" to any of the three questions above, please explain on a separate page.

The Shareholders

Please account for 100% ownership. Attach a seperate page if necessary.

Name: _____ Title: _____ Ownership %: _____

Home Address: _____ Own: Rent: City, State, Zip: _____

SSN: _____ Driver License #: _____ State: _____ DOB: ___ / ___ / ___

Phone: (____) _____ Email: _____

Name: _____ Title: _____ Ownership %: _____

Home Address: _____ Own: Rent: City, State, Zip: _____

SSN: _____ Driver License #: _____ State: _____ DOB: ___ / ___ / ___

Phone: (____) _____ Email: _____

The Accounts Receivable

How do customers place orders? (✓ One): Written PO Verbal PO Contract Other: _____

Any Work in Progress, Milestone or Percentage of Completion billing? _____

Do you ever invoice customers while storing goods on your premises? _____

Do you ever sell on consignment or have any 'guaranteed' sales? _____

Do you buy from any companies that you also sell to? _____

Average monthly sales: \$ _____ Average # of invoices per month: _____ Do you invoice prior to delivery/service? _____

Average time for invoice to pay: _____ (days) Do you offer early pay discounts? _____ Explain? _____

Additional Support Documentation

For purposes of pre-approval, please supply the following information (additional financial information may be requested later)

Current Aging of Accounts Receivable **AND** Copy of Current Invoice w/ backup (PO, Contract, Proof of delivery, etc.)

How soon do you want to begin using our services? _____ Who referred you? _____

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 are a member in your investigation of me, or my company. I appoint you and your assigns as my agent and attorney-in-fact: to sign and file UCC Financing Statements for the purpose of protecting your security interests under any agreements and transactions relating to our firms.

Sign: X _____

Print Name: _____

Title: _____ Date: ___ / ___ / ___

FAX COMPLETED APPLICATION WITH SUPPORTING DOCUMENTATION TO:

FAX: 1-614-573-7155