Code (OF
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Client Profile				
Business Name			Federal Tax ID Number	
Street Address			Date Established	
City State	City State Zip		MC Number	
Phone		f Business: le Proprietor Corporat	ion LLC Partnership	
Fax	Carrier	Authority (check all that apple Common	y): Contract	
Email		Brokerage	Other	
Average Monthly Sales \$	Open \$	Accounts Receivable	Average Invoice Size \$	
Have you or any Principal ever factored invoices or receivables? Yes No With whom?				
Are you or any Principal currently in a factoring relationship? Yes No Explain:				
Pending liens/judgments? Yes No (If Yes, explain)	Current on all taxes? Yes No (If No, explain)		Ever file bankruptcy? Yes No (If Yes, date)	
Owners/Officers Information				
I or we hereby certify that all information provided on this Application is true and correct to the best of my/our knowledge and is given to induce Company or its assigns to consider entering into a factoring relationship with the applicant/s at their sole discretion. I or we do hereby authorize Company or its assigns to verify and investigate at any time the information provided herein including obtaining a consumer credit report and other reports necessary for determining the Company's acceptance into the program.				
OWNERSHIP: PLEASE ACCOUNT FOR 100%				
Full Legal Name Owner or Officer #1		Position	Social Security #	
Home Address		Date of Birth	Ownership Percent %	
City Stat Zip	e	Phone – Home	Phone – Cell	
Signature		Date		
Full Legal Name Owner or Officer #2		Position	Social Security #	
Home Address		Date of Birth	Ownership Percent	
City Stat	e	Phone – Home	Phone – Cell	
Signature		Date		