

Fax to: 815-301-9655

Date: _____

Factoring Client Information Sheet

BFC Information

Name _____ SS or Fed ID # _____

Agent ID _____

Phone [] _____ Fax [] _____

Applicant Information

Business Name (*exact legal company name*) _____

Address _____

City _____ State _____ Zip _____

Contact Person _____

Phone [] _____ Fax [] _____

Type of Business _____

Corporate Structure: Corporation Partnership Sole Proprietorship Other

State _____ Date Registered _____ Tax ID # _____

Are taxes current? Yes No If no, how much is owed? \$ _____

Average Invoice Amount \$ _____ Approx. Monthly Amt. to be Factored \$ _____

If a one-time factor please indicate why and how much _____

Are receivables pledged elsewhere? Yes No If yes, to whom? _____

List Major Clients Billed on a Regular Basis:

Amt. Open or to be Billed	Name	City/State	Phone	Pays in ____ Days
\$				
\$				
\$				
\$				
\$				

Add a second sheet if necessary and include your aging report, as well as a brief explanation for the financing request and if the client has been to a bank or other lending source.