

**GEOGRAPHIC RESTRICTIONS:**

NONE. We provide services nationally

**AVERAGE CLIENT ANNUAL REVENUES:**

Start-up companies to \$30,000,000 in annual sales

**FULL SERVICE PROGRAM FOR ACCOUNTS RECEIVABLE**

- Timely approvals and funding for our clients
- Payments posted on the same day and made available to client weekly
- Credit investigation and continuous evaluation of customer base
- Invoice by invoice monitoring with daily reporting available to our clients
- Personal and professional collection follow-up program

**STANDARD FEE STRUCTURE**

- Clients funding in excess of \$2,000,000 annually, monthly fees as low as 1.10% of the invoice amount
- Clients funding less than \$2,000,000 annually, monthly fees as low as 1.99% of the invoice amount

**STANDARD PROGRAM**

- No long term contracts
- Standard advance rate of 85%, other advance rates available
- Fees based on a 30-day cycle from day of funding to day of collection. If invoice goes beyond 30 days from funding date, fee is pro-rated on a daily basis
- Programs available with lower fees if average turnover of receivables is less than 30 days
- Clients determine which accounts are funded based on their cash flow needs

**TARGET MARKET**

- Companies with stable or increasing revenues that need working capital for revenue growth
- Established companies with recent history of unprofitable operations that have a good plan of turnaround
- Companies needing working capital, with a limited track record (e.g. start-up companies)
- Companies with established track records and growth opportunity, but fail to meet the bank's borrowing criteria
- Companies with a high concentration in accounts receivable in need of either permanent or temporary ("bridge") financing
- Any company with healthy sales volume, and the desire to outsource their accounts receivable management



**GENERAL INFORMATION**

1. Legal Name of Business: \_\_\_\_\_  
 1a. State of Org \_\_\_\_\_  
 1b. Organization Type: S-Corp \_\_\_\_\_ C-Corp \_\_\_\_\_ LLC \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_  
 2. Trade Name: \_\_\_\_\_ 3. Federal ID #: \_\_\_\_\_  
 4. Main Office Address: \_\_\_\_\_  
     Physical Address                      City                      County                      State                      Zip  
 5. Mailing Address: \_\_\_\_\_  
     Physical Address                      City                      County                      State                      Zip  
 6. Date Established: \_\_\_\_\_ 7. Phone: \_\_\_\_\_ 8. Fax: \_\_\_\_\_  
 9. Website Address: \_\_\_\_\_ 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 Revenues: Last 30 days \$ \_\_\_\_\_ Past 12 months \$ \_\_\_\_\_  
 1-30 Days \$ \_\_\_\_\_ 15. Projected Revenues: 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/Month: \_\_\_\_\_  
 Total \$ \_\_\_\_\_ 19. Average Invoice Amount \$ \_\_\_\_\_ Avg. Days of Collections: \_\_\_\_\_  
 20. List company's five (5) largest customers:  

Name Of Company	City/State	Contact/Telephone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

21. Has this company ever factored or pledged its accounts receivable? \_\_\_\_\_ Is there a lien on the company's accounts receivable? \_\_\_\_\_ If yes, to either question, please give details, including names of parties to whom receivables are or were factored or pledged.  
 \_\_\_\_\_

22. Are Any Federal, State and or local taxes past due? \_\_\_\_\_ If Tax Lien \$ \_\_\_\_\_ Type: \_\_\_\_\_  
 23. Is this company now or has it ever been in bankruptcy? \_\_\_\_\_

**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? \_\_\_\_\_ Ownership %: \_\_\_\_\_  
 B. Full Name: \_\_\_\_\_  
     First                      Middle                      Last  
 Home Address: \_\_\_\_\_  
     Physical Address                      City                      County                      State                      Zip





**PERSONAL FINANCIAL STATEMENT AS OF \_\_\_\_\_**  
Date

**GENERAL INFORMATION**

Are any Assets Pledged? \_\_\_\_\_  
 Are you a defendant in any Suits or Legal Action? \_\_\_\_\_  
 Have you ever taken Bankruptcy? Explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**CURRENT LIABILITIES**

As Endorser or Co-maker \$ \_\_\_\_\_  
 On Leases or Contracts \$ \_\_\_\_\_  
 Legal Claims \$ \_\_\_\_\_  
 Provisions for Federal Income Taxes \$ \_\_\_\_\_  
 Other Special Debt \$ \_\_\_\_\_

**SCHEDULE A - INVESTMENTS**

Description	Shares	Name Recorded In	Pledge to	Cost	Market Value

**SCHEDULE B – NOTES AND ACCOUNTS RECEIVABLE**

Due From	Collateral	Maturity	Amount

**SCHEDULE C – REAL ESTATE**

Description of Property	Date Acquired	Name Title In	Cost	Market Value	Mortgage Balance	Mortgage Held By

**SCHEDULE D – AUTOMOBILES, MACHINERY, AND EQUIPMENT**

Description	Year Acquired	Cost	Present Market Value	Loan Balance	Payable	How Payed

**SCHEDULE E – NOTES PAYABLE**

Name of Creditor Or Mortgage Holder	Date Opened	Amount	Collateral	Terms	Owing