Date:_____

COMMERCIAL LOANS USA.com

Factoring Client Information Sheet

Broker Information

Name:_____ SS# or Fed 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

State:_____ Date Registered:_____Tax ID #_____

Are taxes current? ___Yes ___ No If no, how much is owed? $_____

Average Invoice Amount $:_____ Approx. Monthly Amt. to be Financed $_____

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

Clients

List Major Clients Billed on a Regular Basis:

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