

Short A/R Factoring Application

1. Company Information

Name of Applicant: _____

Doing Business Under: _____

Headquarter Address: _____

Other Address: _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

Contact Name _____ Title _____

Type of company: Corporation Partnership LLC Proprietorship

Company formation date _____ State _____

Kinds of products or services your company provides:

2. Sales & Accounts Receivable Information.

A. What were your company's total revenues (sales) last year? \$ _____

B. What are your company's total revenues for this fiscal year? \$ _____

C. Estimated monthly factoring volume: \$ _____

D. Do you have commercial trade credit insurance? No Yes

E. Current **domestic** accounts receivable amount is \$ _____ of which \$ _____
_____ is past due.

F. Current **export** accounts receivable amount is \$ _____, of which \$ _____
_____ is past due.

G. Amount of accounts receivable in hands of attorneys or collection agencies, currently
or within the past year: **Domestic:** \$ _____ **Export:** \$ _____

H. What are your terms of sales?

Open account: _____% Letter of credit: _____% Other: _____%

I. Do you offer payment discounts? No Yes If yes, what are the terms?

J. How many invoices do you generate per week? _____ per month? _____