

THE INVOICE BANKERS™

Cash in on your receivables

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For your Factoring Proposal:

Please fill out this application completely (including attachments) and fax to our sales department at 303-740-7602, or if you can email a signed copy of the application and the attachments, email to sales@invoicebankers.com. We will prepare a proposal describing our rates and terms for your review. Please do not hesitate to contact our sales department if you have any questions about this application or the factoring process. We look forward to working with you!

Privacy Policy: Any information provided on this application (including attachments) will be kept strictly confidential and will only be used by The Invoice Bankers for the purpose of evaluating whether we can offer a suitable factoring program for your business, and if so, preparation of a proposal. We do not share or sell our information to any third parties.

ACCOUNT APPLICATION

COMPANY GENERAL INFORMATION

Company legal name: _____

Headquarters address: _____

D/B/A's or other business name(s) used: _____

Other address(es) used: _____

Telephone numbers : Voice: _____ Fax: _____

Website address (URL): _____

State business registered in: _____

Is the Company a Proprietorship _____ Partnership _____ Corp. _____ LLC _____

ID numbers: Fed ID # _____ State ID # _____

How many years in business? _____ How long under present ownership? _____ years

Will there be any change in ownership in the next 12 months? Yes ___ No ___

If yes, describe _____

Please describe your business: _____

Explanation of any increase/decrease in revenues over the last 12 months. _____

Reasons for losses, if any, from operations _____

Explain any material unusual financial statement items e.g. bad debt write-offs, increase or decrease in assets, liabilities, expense levels, restructuring of debts. etc. _____

OWNER, OFFICER INFORMATION

List names of Officers:

<u>Name</u>	<u>Title</u>	<u>% Ownership</u>	<u>Yrs in Business</u>
_____	President	_____	_____
_____	Secretary	_____	_____
_____	Vice-President	_____	_____
_____	Treasurer	_____	_____

If a Corporation, list names of all Directors or Members (if an LLC):

<u>Name</u>	<u>% Ownership</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

ACCOUNTS RECEIVABLE INFORMATION

- What were your company's total revenues (sales) last year? \$ _____
- Project your company's revenues for this fiscal year \$ _____
- What is your approximate gross profit margin (sales less direct costs)? _____ %
- What is the average size of your company's invoices? \$ _____
- What is your company's average collection rate? _____ %
- Does your company use a billing service ? Yes ___ No ___
- How many invoices does your company generate per month? _____
- Does your company maintain a receivables aging report? Yes ___ No ___
- What is the average collection time, in days? _____ days
- Are your company's A/Rs secured by a bank or finance company? Yes ___ No ___
- Will your customers sign a letter assigning payments on invoices to us? Yes ___ No ___
- Will your customers sign a letter confirming the validity of your invoices and that they will pay the invoice amount(s) in full? Yes ___ No ___
- Person who normally prepares company billings (invoices): _____

Please list the primary customers you wish to factor:

<u>Name</u>	<u>Headquarter Address</u>	<u>Telephone No.</u>	<u>Amt now owed you</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

