

# 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 866-903-1941, or email a signed copy of the application and the attachments to [sales@invoicebankers.com](mailto: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

**If a Corporation, 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. If an LLC, list all Members. If a Partnership, list all Partners. If a Sole Proprietorship, list Proprietor.**

<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 dollar amount of your company's invoices?** \$ \_\_\_\_\_
- What percent of your invoices are not collected (bad debt percent)** \_\_\_\_\_%
- Have you ever factored before?** 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 receivables 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>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

