FACTORING

Confidential Client Information Sheet

BUSINESS INFORMATION

Legal/Corporate Name: _____ DBA: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Telephone #: _____ Fax #: _____ Federal Tax ID: _____

Date Business Started: _____ Length of Ownership: _____ Website: _____

Type of Entity (check one): ☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ LLC ☐ Other

Email Address: _____

Type of Business (check all that apply): ☐ Retail ☐ MO/TO ☐ Wholesale ☐ Restaurant ☐ Supermarket ☐ Other

Product/Service Sold: _____

MERCHANT/OWNER INFORMATION

Corporate Officer/Owner Name: _____ Title: _____ Ownership %: _____

Home Address: _____ City: _____ State: _____ Zip: _____

SSN: _____ Date of Birth: _____ Home #: _____ Cell #: _____

PARTNER INFORMATION

Partner Name: _____ Title: _____ Ownership %: _____

Home Address: _____ City: _____ State: _____ Zip: _____

SSN: _____ Date of Birth: _____ Home #: _____ Cell #: _____

BUSINESS PROPERTY INFORMATION

Business Landlord or Mortgage Bank: _____ Contact Name and/or Account #: _____ Phone #: _____ Monthly Rent: _____

BUSINESS TRADE REFERENCES (Please list at least 3 trade suppliers. Please attach any additional references on a separate page.)

Business Name: _____ Contact Name and/or Account #: _____ Phone #: _____

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Business Name: _____ Contact Name and/or Account #: _____ Phone #: _____

Applicant authorizes 48 Factoring Inc. and its assigns, agents, banks or financial institutions to obtain an investigative or consumer report from a credit bureau or a credit agency and to investigate the references given on any other statement or data obtained from applicant.

_____ _____ _____ _____

Applicant's Signature Date Applicant's Signature Date

Please fax or email it back with your **last three months of bank statements**.

Fax: 484-365-1653 Email: info@48factoring.com