

FACTORING REQUEST FORM

- 1) Fill out your application online by clicking on the blank spaces by each section/question
- 2) Save a copy on your computer for your records.
- 3) If you do not have a mail account directly linked please email us at info@expocredit.com and attach your filled out application.
- 4) Click on the envelope on the PDF menu to directly send to us.

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Can we contact your clients directly?:

Client Business Information:								
Legal Name of Business:		Date:						
Trade Names (DBA):			State of Fed. To	of Incorporation:				
Address:		Date of Incorporation:						
City: State:			Zip Code:					
		Zip code.						
Website:		Fax:						
Contact Person:		Phone:						
Nature of Business Conducted:								
Factoring Facility Amount being requested:			Numb	er of Employees:				
Average monthly # of invoices:								
Average size of invoice:								
Does the company have any subsidiaries or affiliates?								
Has the company ever filed for bankruptcy? If yes, please explain:								
Is the company involved in any lawsuit or pe	ending	litigation?		If yes, please exp	olain:			
Does the company have any federal or state taxes past due? If yes, please explain:								
Referred to Expocredit by: Clients (debtors) Information:	ď							
Client Name Location (Country-City)	Terms	Sales Volume Pe	r Month	Credit Limit Requested	Delivery Terms	Client Since (year)		

Do the owners/manager explain:	s own or are a p	artner/officer in any ot	her business or	venture?	If yes, please			
Have the owners/manag last 10 years? If ye	ers, or any busii s, please explaii	,	y have been ass	sociated, filed	for bankrupcty in the			
Do the owners/manager	s have any lega	l claims, suits or judger	nents pending?	If yes, p	olease explain:			
Have the owners/managers ever been convicted of a felony?If yes, please explain:								
Current Financing Arrangement:								
Does the company have an existing line of credit or factoring arrangement? If yes, please indicate below.								
Name of Lender/Factor:								
Line or Factoring Facility	amount:	Outstanding Ba	lance.	Pricing				
Advance Rate:	Maturity Date:		Collateral Desc	ription:				
Name of Lender/Factor:								
Line or Factoring Facility	amount:	Outstanding Ba	lance	Pricing				
If there are additional loans or credit fac		9		J				
Note: The information contained in this Factoring Request Form is provided for the purpose of obtaining an accounts receivable factoring facility with Expocredit.								
The undersigned certifies the accuracy undersigned, authorize Expocredit Finar This is my legal affidavit and I hereby au release Expocredit Financial Group and the release of any such information.	ncial Group and its respect thorize any credit reporti	ctive agent(s) to solicit information a ng agency contacted by Expocredit	bout my consumer credit Financial Group or its ag	t history and my crimir ent(s) to release all rec	nal background information. cords of my information.I also			
Date	Signature		Name	Т	itle			
S.S #	Date	of Birth	Current Addres	S				

FINANCIAL INFORMATION REQUIRED

Financial Statements:

- 1. Two (2) years of audited/reviewed/compiled financial statements (Income Statement, Balance Sheet and Cash Flow Statement) with financial footnotes.
- 2. Most recent interim financial statements and prior year comparable.
- 3. Financial projections, if available.

Other:

- 1. Current Accounts Receivable and Accounts Payable Aging Reports.
- 2. Sample of transaction documents used (i.e. purchase orders, invoices, proof of delivery, etc.)
- 3. Copy of contracts, vendor management agreements, etc., if applicable.
- 4. If unlimited personal guaranty is required, Personal Financial Statements and one year tax returns for guarantors.
- 5. Corporate Organization Chart, if applicable.
- 6. Articles of incorporation and Company TIN#.
- 7. Copies of Driver License or applicable ID for all company officers.