



Accounts Receivable Factoring Intake Checklist

This is a Type-In Interactive Form.

BDO: _____

Date of Submission: _____

Referring Broker (if applicable):

Name of Client Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Client Contact Name: _____

Client Contact Phone Number(s) Office: ____-____-____ Cell: ____-____-____

Fax: ____-____-____

Client Contact Email Address: _____

How Long In Business: _____ Date of Incorporation: _____

Nature of Business:

Use of Factoring Proceeds:

Check One: Sale of Goods Provider of Services

Is sale pursuant to a (check one): Term Contract Purchase Order Sale of Services

Are any of the A/R third party insurance payment claims by Health Insurers, Medicare or Medicaid payments or other: _____

Number of Customers: _____

Annual Revenues:

2009: _____

2010: _____

2011 Projected volume: _____



Dilution Factor: Percentage of A/R uncollected in each of past 2 yrs _____

Current Debt:

Bank Loan, Factor, Commercial Finance or, SBA: _____

Are there any liens on Accounts Receivable? (check one) Yes No

 If yes,
 Please describe to include name of lender, tele and account manager _____

Gross Profit Margin %: 2010 _____, 2009 _____, 2008 _____

Terms of Sale? (check one) 30 days 60 days 90 days 120 days
Other: _____

Are there any bill and hold accounts? (check one) Yes No

Contract receivables? (check one) Yes No

Additional Comments: _____

Please Attach the Following:

- 1) Current Accounts Receivable Aging.
- 2) Current Customers, Names and Addresses.
- 3) Current YE balance Sheet & P&L for past 2 yrs.
- 4) Identify any account debtors that comprise more than 10% of total A/R.

Email to factoring@sbaclc.com
Or,
Fax to 303-496-0298