



COMMERCIAL LENDING CORPORATION

Since 1997

Prospective Factoring Client Intake Checklist

Date: _____

Name of Company: _____

Address: _____

Client Contact Name: _____

Client Contact Phone Number(s) (____) _____ - _____ office

(____) _____ - _____ cell

Client Contact Email Address: _____

Nature of Business: _____

Use of Factoring Proceeds: _____

Check One

- Sale of Goods
Provider of Service

Is sale pursuant to a Term Contract or a Purchase Order?

Number of Customers: _____

Annual Revenues: _____

Current Debt: _____

Are there any liens on Accounts Receivable? Yes No

If yes, describe _____

Gross Margin %: _____

Terms of Sale: 30 days 60 days Other

- Accounts Receivable Aging (Please attach)
Addresses for top 10 customers by sales volume (Please attach)

Referring Broker: _____

PLEASE BE SURE TO ATTACH RECENT AR AGING AND CUSTOMER ADDRESSES

When complete, return to mike@sback.com or fax to 303-496-0298
10475 Park Meadows Drive, Suite 600, Lone Tree, Colorado 80124 Direct: 303-923-8200