FLORIDA CORPORATE FUNDING

Initial Application

Please Print out this Application - Fill it out and Fax to **(954) 941-7332**

Name of Company:		E-mail:	
Address:	City:	State:	Zip:
Principal Contact:	Tel.#:	Fax #:	

Corporation: ❑ Partnership: ❑ Proprietorship: ❑ Year Established: _____

Principals: (all stockholders with 10% or more of shares, officers, directors, partners or owners.)

Name	Title	SS#	Address	Telephone #

Gross Sales: 2001_____ 2002 _____ 2003 _____ 2004 _____ # of Employees_____

Principal Product, Service, etc.
Types of Customers: (retailers, distributors, manufacturers, hospitals, government entities or others, please specify.)
Typical Invoice Terms: Net_____ days. **Average Accounts Receivable Balance** 30 _____ 60 _____ 90 _____ **Amount of invoicing to be Factored** (Circle one) Weekly or Monthly $ _____ **Number of Customers to be Factored**: _____ **Average Invoice Amount:** $_____ **Are you now utilizing factoring? Yes** ____ **No** ____ **Have you in the past? Yes** ____ **No** ____

Optional: Names of Customers to be Factored

1: _____ 2: _____

3: _____ 4: _____

Sign: _____ Date: _____

Title: _____