IACFB Factoring Company Profile / Worksheet

Company Name _____

Business Address _____

City _____ **State**_____**Zip** _____**Tax ID** _____

Phone _____ **Fax** _____**E-Mail** _____

Years in Business _____**Short Description of Operations** _____

President / Owner / Contact Information

Owners Name _____ **S.S. Number** _____

Home Address _____

City _____ **State** _____ **Zip**_____ **Phone** _____

Additional Information

Do you have any bank loans (business only) outstanding currently? _____ **If so, please tell us where and with whom. Current lender's name** _____

Contact Name / Phone _____ **Balance Outstanding $** _____

Are your 941 payroll taxes current?_____ **Do you have any outstanding liens or judgments?**_____

How much and what type of financing does your company require? $_____

❑ **Factoring** ❑ **Inventory Finance** ❑ **Import-Export Trade Finance** ❑ **Other**

What is the average amount of billing to customers you do per month? $ _____

What is the average number of invoices you bill each month? _____ **Average Size** _____

What is average monthly amount of inventory your company carries? $ _____

List your 3 largest customers and average monthly billing.

Customer Name _____ **Monthly billing $** _____

Customer Name_____ **Monthly billing $** _____

Customer Name_____ **Monthly billing $** _____

Agent / Associate / Consultant Name_____

Please return this completed Commercial Finance Profile along with a current accounts receivable aging report to our offices via email to submissions@iacfb.com. A member of our underwriting department will contact you within 24 hours.