

**(Please call our toll free number at 1-888-293-1011 before faxing this form)**

## Client Profile

Fax Number: 615-858-5780

Legal Company Name \_\_\_\_\_

DBA/Assumed Name \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Street Address (not P.O. Box) \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_

City, County, State, Zip \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Business Description \_\_\_\_\_

How Long Have You Been in the Business? \_\_\_\_\_

Corporation \_\_\_\_\_ LLC/LLP \_\_\_\_\_ State \_\_\_\_\_ When Registered \_\_\_\_\_

Partnership \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_

Owner/Principal(s) \_\_\_\_\_

Taxes Up To Date? Yes \_\_\_ No \_\_\_ If Not, Amount Due \$ \_\_\_\_\_

Average Size Of Invoices \_\_\_\_\_

Average Monthly \$ to be Financed \_\_\_\_\_

What is Your Average Payment Cycle \_\_\_\_\_

Are Your Accounts Receivable Pledged Elsewhere? Yes \_\_\_\_\_ No \_\_\_\_\_

Sample Invoice attached. \_\_\_\_\_

## Optional Information

Tax I.D.# \_\_\_\_\_

President \_\_\_\_\_ SS# \_\_\_\_\_

Vice President \_\_\_\_\_ SS# \_\_\_\_\_

Corporate Secretary \_\_\_\_\_ SS# \_\_\_\_\_

Treasurer \_\_\_\_\_ SS# \_\_\_\_\_

Owner/Principal(s) \_\_\_\_\_ SS# \_\_\_\_\_

Home Address \_\_\_\_\_

City, County, State, Zip \_\_\_\_\_

Bank Name & Address \_\_\_\_\_

City, County, State, Zip \_\_\_\_\_

Account Officer \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Account # \_\_\_\_\_

If Your Accounts Receivables Are Pledged Elsewhere, To Whom? \_\_\_\_\_

\_\_\_\_\_ Copy of Certified Articles of Incorporation/  
DBA Filing/Partnership Agreement attached.

\_\_\_\_\_ List of all Customer Accounts attached  
(A/R Aging)