

# CLIENT PROFILE



Full Legal Name of Business: \_\_\_\_\_

Other Names under which we do Business (i.e. dba's): \_\_\_\_\_

Email address: \_\_\_\_\_ website: \_\_\_\_\_

Contact: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Present Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Corporation:  LLC:  Partnership:  Individual:  Other: \_\_\_\_\_ Federal Tax ID#: \_\_\_\_\_

Years that business has operated: \_\_\_\_\_ No. of Employees: \_\_\_\_\_ Date of Incorporation: \_\_\_\_\_ State of Incorporation: \_\_\_\_\_

Briefly describe your business: \_\_\_\_\_

Are you a sub-contractor to a vendor? N Y Explain: \_\_\_\_\_

Have you ever factored your receivables?: No  Yes  - If Yes, with whom? \_\_\_\_\_

Do you have you ever factored or do you have a current Factor No  Yes  - If Yes, with whom: \_\_\_\_\_

How did you hear about Capital Partners? : \_\_\_\_\_

**LIST UP TO 5 CUSTOMERS YOU MAY WISH TO FACTOR (NOTE: CUSTOMERS WILL NOT BE CONTACTED)**

Company Name	City, State	Average Monthly Sales	Outstanding Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**OWNERSHIP: Please Account for 100%**

I/we hereby attest that all information provided above is true and correct to the best of my/our knowledge, and is given to induce Capital Partners (CP) to consider entering into a factoring or lending relationship with the Applicant/s. I/we do hereby authorize CP or its agents/affiliates to 1) verify and investigate at any time the information provided including the obtaining of consumer and other credit reports, and 2) file a Form UCC-1 Financing Statement granting to CP a security interest in all Assets including Accounts of the Applicant/s. A photocopy or facsimile of this authorization will be as valid as the original.

**Owner 1** - Name/Title: \_\_\_\_\_ % Owned: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Owner 2** - Name/Title: \_\_\_\_\_ % Owned: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**IMPORTANT! PROVIDE WHEN SUBMITTING THIS PROFILE**

**1**

Customer List with Monthly Volume  
Sample Invoice & Back Up

**2**

Articles of Incorporation and/or  
Fictitious Name Filings (DBA)

**3**

Clear copy of Driver's License  
of Each Owner