

WJM 7 Commercial Lending, LLC

Factoring - Client Profile Worksheet



COMPANY INFORMATION

Legal Name of Company on Articles of Incorporation:

DBA if applicable: _____ Contact Person Name &
Title: _____

Address: _____ City: _____
State: _____ ZIP _____

Phone: _____ Fax: _____ e-Mail:

Legal form of business: _____ Corporation _____ Partnership _____ Proprietorship
_____ LLC

Date Business Started: _____ State of Incorporation/Registration: _____ Number
of Employees: _____

Describe Type of Business:

CORPORATE OFFICERS / PARTNERS / OWNERS

Name: _____ Title: _____ Ownership
% _____

Name: _____ Title: _____ Ownership
% _____

Name: _____ Title: _____ Ownership

% _____

Name: _____ Title: _____ Ownership

% _____

ACCOUNTS RECEIVABLE INFORMATION

Are receivables generated from sale of goods, sales of services, or both? _____ Goods
_____ Services _____ Both

Number of Active Customers: _____ Number of invoices per month: _____

Normal Selling Terms (30, 60, 90 days): _____ Are any extended terms
Granted? ___ No ___ Yes

What is your Average Monthly Sales Volume? \$ _____ Annual Sales
\$ _____

How much of your Monthly Billing do you wish to factor?
\$ _____

Do you require Purchase Orders from your Clients? _____ What other
documentation do you require from

your
customers? _____

Have you ever factored your Receivables? ___ No ___ Yes, if yes with whom?

Are you still submitting invoices? ___ Yes ___ No Reason for leaving:

Does the Applicant or its Principle (s) have any pending lawsuits against them? ___ No
___ Yes

If yes, please explain:

Does the Applicant or its Principle (s) have any outstanding loans? _____ No ___ Yes

If yes please explain and list
below: _____

Lender Amount Outstanding Collateral

CLIENT LISTING

Please list your 7 largest customers

COMPANY NAME COMPANY LOCATION MONTHLY VOLUME AMOUNT TO
FACTOR

1

2

3

4

5

6

7

BROKER SUBMITTING WORKSHEET: _____

DATE: _____

Toll Free number 866-613-2713 Fax Number 206-279-4762
Feel free to contact me on my cell 267-205-4420