



Date: \_\_\_\_\_

777 Brickell Avenue, Suite 1070  
 Miami, FL 33131  
 T. (786) 406-7300 / F. (305) 675-0241

**FACTORING APPLICATION FORM**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 E-mail: \_\_\_\_\_ How did you hear of us? \_\_\_\_\_

**1. Company Information**

Legal name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
 City, state, zip: \_\_\_\_\_  
 Business type & description: \_\_\_\_\_

Sole Proprietor     Partnership     LLC     Corporation    FEIN#: \_\_\_\_\_

Date established: \_\_\_\_\_ No. of employees: \_\_\_\_\_  
 Factoring before?  Yes     No (if Yes, when? \_\_\_\_\_)  
 Other factor name: \_\_\_\_\_ UCC filings: \_\_\_\_\_  
 Last year sales: \_\_\_\_\_ Last 12 months sales: \_\_\_\_\_  
 Monthly sales: \_\_\_\_\_ Avg. volume to factor monthly: \_\_\_\_\_  
 No. of customers: \_\_\_\_\_ No. of customers to factor: \_\_\_\_\_  
 Avg. invoice size: \_\_\_\_\_ Largest: \_\_\_\_\_ Smallest: \_\_\_\_\_ Total returns last 12 months: \_\_\_\_\_  
 % bad debts last 12 months: \_\_\_\_\_

Explain need of funds: \_\_\_\_\_  
 Taxes past due?  No    Local \$ \_\_\_\_\_ State \$ \_\_\_\_\_ Federal \$ \_\_\_\_\_  
 Litigations, judgments or liens?  Yes     No (If Yes, please explain on separate sheet)  
 Outstanding loans?  No \$ \_\_\_\_\_ Due date (mo. / yr.) \_\_\_\_\_ Receivables pledged as collateral?  Yes  No

**2. Company Principals**

Name (and title)	Home address	City, State, Zip	% owned	Litigation, judgment, lien? Y/N

(continues on page 2)

**3. U.S. Customers You Wish to Factor (Summar Financial will not contact them at this time)**

Company Name, Address City, State, Phone	Annual sales (approx.)	Avg. invoice amount	Avg. Amount to Factor / Month	Credit Terms You Give

Have any of the customers above ever returned your goods or resulted in bad debt?  No  Yes

**Please attach: A/R aging report & Financial Statements**

**4. Business References**

Name	Phones	Business/Company	Association with you

**5. Banking Information**

Name of bank: \_\_\_\_\_ Branch: \_\_\_\_\_  
 Account name: \_\_\_\_\_  
 Account #: \_\_\_\_\_ Contact person: \_\_\_\_\_  
 Bank routing (ABA) #: \_\_\_\_\_ Phone: \_\_\_\_\_

**6. Professional References**

Name of attorney: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name of accountant: \_\_\_\_\_ Phone: \_\_\_\_\_

The foregoing information is true and correct to the best of my knowledge and is given to induce Summar Financial to consider entering into a factoring agreement with this company. I hereby authorize Summar Financial or its agents to verify and investigate any or all of the foregoing statements, including but not limited to my/our credit worthiness and financial responsibility, in any way they may choose. I/We grant Summar Financial the right to procure any and all credit reports pertaining to any part listed in this application, including, but not limited to, all principals of the applicant company.

Agreed and consented to:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_ Title: \_\_\_\_\_