

QuickApp

Date: _____

Company Name: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Contact Person: _____ Position: _____

Nature of Business: _____

How Long in Business: _____ Monthly Volume: _____ Total A/R Now: _____

Average Invoice Size: _____ Terms: _____ Invoices per Month: _____

U.C.C. Filings: ___ Yes ___ No Any Liens: ___ Yes ___ No Bank Loans: ___ Yes ___ No

Lien / Loan Collateral (If Any): _____

Remarks: _____

Number of Customers: _____

Types of Customers:

Customers: (Name – Address – Phone) and Invoice Amounts To Be Funded:

1. _____ Amount: _____

2. _____ Amount: _____

3. _____ Amount: _____

4. _____ Amount: _____

5. _____ Amount: _____

