



Premier Small Business Solutions, LLC

Factoring Financing

Send your request by Fax or E-mail

Fax: (866) 240-8454

E-mail: inquiry@premierfinancingsolutions.com

Pre-qualification Application

Company Information

Company Name _____
Street Address _____
City _____
Phone #: _____
Web Address: _____

Company Structure/Type

C-Corp LLC Proprietorship
 S-Corp Partnership
State _____ Zip _____
Fax #: _____
Duns # _____

Existing New Business Date Established: _____ State Filed: _____ Federal Tax ID #: _____

Trade and/or Past Names: _____

Products/Services: _____

Is Business engaged in exporting: Yes No

Does the Business have Purchase Orders: Yes No

We are a:

Manufacturer Wholesaler/Distributor Service
 Real-estate Investment company
 Trucking Other (please explain) _____

Our Customers Are:

Retailers Wholesalers Industrial Firms Government
 Foreign Construction Other: _____

TRANSACTION SUMMARY

- REASON FOR FINANCING (describe exactly what your need is)

Principal(s) Information:

Name: _____
Address: _____
City: _____
State: _____ Zip: _____
Phone #: _____
SSN: _____
Title: _____ % Ownership: _____
FICO Score: _____

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How did you hear about us: _____

Past/Present/Future Liens on Assets

- 1. Will you factor your eligible receivables? Yes No
- 2. Has this company ever factored or pledged its receivables in the past? Yes No
- 3. Are the company's receivables presently factored or pledged to anyone? Yes No
- 4. Are there any tax liens, suits or judgments filed against the company? Yes No
- 5. Are any federal and/or state taxes past due? Yes No
- 6. Is the company now or has it ever been in bankruptcy? Yes No
- 7. Have any company owners now or ever been in bankruptcy? Yes No
- 8. Does your firm use an outside payroll service? Yes No

Further explanation on "Yes" to above (#4-6)

Accounts Receivable (A/R) Collateral Information

On aging report, invoices are aged using the: Invoice Date Due Date

Tell us Invoices that are Current (1-30 Days) \$ _____
 Tell us Invoices that are 31-60 Days: \$ _____
 Tell us Invoices that are 61-90 Days: \$ _____
 Tell us Invoices that are 91+ Days: \$ _____
Total \$ _____

Average days receivable pay: _____ Average # of Customers: _____
 Average Invoice Amount: \$ _____ Terms of Sale _____
 Average # of invoices/month: _____

Last 30 days sales: \$ _____ How many customers are = or greater than 10% of total A/R? _____
 Last 12 mos sales: \$ _____

Tell us: What Type of Invoicing is involve?

- | | | | |
|---------------------|--|--------------------------------|--|
| Progress Billing | <input type="checkbox"/> Yes <input type="checkbox"/> No | Customer Deposits | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Executory Contracts | <input type="checkbox"/> Yes <input type="checkbox"/> No | Customer Inventory | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Consignment Sales | <input type="checkbox"/> Yes <input type="checkbox"/> No | Payments on Dates in Future | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Guaranteed Sales | <input type="checkbox"/> Yes <input type="checkbox"/> No | Bill now but hold in inventory | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Product Warranty | <input type="checkbox"/> Yes <input type="checkbox"/> No | Government Sales | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Consumer A/R | <input type="checkbox"/> Yes <input type="checkbox"/> No | Sales to Affiliates | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Contra Accounts | <input type="checkbox"/> Yes <input type="checkbox"/> No | Billings Prior to Completion | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Seasonality | <input type="checkbox"/> Yes <input type="checkbox"/> No | Employee A/R | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Has there been a change of ownership during the last 12 months or has there been a change in the name of the business? Yes No

If yes, explain:

If Trucking invoicing:

Who's Authority are you operating under?

Common Carrier _____ Contact Carrier _____ Trans Broker _____ Freight Forwarder _____

ICC-MC #(s) _____ PUC #(s) _____ Other (please specify) _____

Additional Information

of company drivers _____ # of owner/operators _____ # of owned power units _____ # of leased power units _____
 # of owned trailers _____ # of leased trailers _____ # of agents _____ Revenue generated by agents _____

Schedule of Debt

*(Please include all loans, capital leases and operating leases)

Lender or Lessor	Original Balance	Current Balance	Monthly Payment	Interest Rate	Maturity Date	Collateral
Contact: _____ Address: _____ _____ Phone: _____						
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Contact: _____ Address: _____ _____ Phone: _____						

Please fax or e-mail the following information:

- List
- Accounts Receivable detail Aging
 - Accounts Payable Aging
 - Copy of completed invoice
 - Copy of Articles of Incorporation
 - Customer Master List with Names, Contacts, Addresses and Phone Numbers
 - Most recent Corporate and Personal Income Tax Return and/or Most recent Financial Statements
 - Past Three Fiscal Years Financial Statements (balance sheet, Profit & Loss and Income statements)

*Financial Statements: (balance sheet, Profit & Loss and Income statements)