

# Purchase Order Financing



**Premier Small  
Business Solutions, LLC**

**Send your request by Fax or E-mail**

**Fax: (866) 240-8454**

**E-mail: [inquiry@premierfinancingsolutions.com](mailto:inquiry@premierfinancingsolutions.com)**

Company Name: \_\_\_\_\_ Fed TAX ID #: \_\_\_\_\_  
 Address \_\_\_\_\_ Phone: \_\_\_\_\_  
 \_\_\_\_\_ Fax: \_\_\_\_\_  
 Trade Names \_\_\_\_\_ E Mail: \_\_\_\_\_

## GENERAL INFORMATION

Business Started: \_\_\_\_\_ Company Type:  Prop.  Prtshp  S-Corp.  C-Corp.  LLC State of Org.: \_\_\_\_\_

Have you been at this address for last 5 years Y / N If not list prior address last 5 years as attachment.

Are you an:  Importer  Exporter Facility Requesting: \$ \_\_\_\_\_

Facilities:  owned  rented, Apprx. Size: Office: \_\_\_\_\_ sf, Wrhse: \_\_\_\_\_ sf, Mfg: \_\_\_\_\_ sf, Total: \_\_\_\_\_

Do you have:  Factor  Operating line with a bank  Fulfillment Warehouse Total No. of Employees: \_\_\_\_\_

Sales Info: # of sales staff: \_\_\_\_\_ # reps: \_\_\_\_\_; sale terms: \_\_\_\_\_; Terr. Covered: \_\_\_\_\_; # of Customers: \_\_\_\_\_

Affiliated Companies (list all affil. & relationship): \_\_\_\_\_

Legal (Yes/No): Any past due IRS pymnts? \_\_\_\_\_; Any IRS pymt plans? \_\_\_\_\_; Any tax liens? \_\_\_\_\_; Any litigation? \_\_\_\_\_

## KEY PEOPLE: Please list all those with ownership in the company and all those who serve as officers or directors.

Active

How % of Co.

Full Name	Title	in Co.?	Long?	Owned	SSN	Home Address	Phone
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

## REQUESTED INFORMATION: Please include the following items with Application, as available. Check box if available.

Current A/R and A/P aging	<input type="checkbox"/>	List of all Lienholders with liens on A/R and inventory	<input type="checkbox"/>
Current Interim Company Financial Statement	<input type="checkbox"/>	Personal Financial statement for each owner / guarantor	<input type="checkbox"/>
Year-end Co. Financial Statements - prior 2 years	<input type="checkbox"/>	Prior Completed Similar Transaction	<input type="checkbox"/>
Certificate of Incorporation	<input type="checkbox"/>	Proposed Transaction Documentation	<input type="checkbox"/>

## SUPPLEMENTARY INFORMATION

### TYPICAL TRANSACTION: Please generalize, round and estimate to describe a typical transaction.

#### Typical Duration:

Client places order for goods with Supplier: ..... Day # 1  
 Supplier begins production of goods: ..... Day #: \_\_\_\_\_  
 Lender issues Letter of credit: ..... Day #: \_\_\_\_\_  
 Goods Shipped by Supplier ..... Day #: \_\_\_\_\_  
 Goods received by Client's customer(s) ..... Day #: \_\_\_\_\_  
 Lender receives payment for goods\* ..... Day #: \_\_\_\_\_  
 Lender receives payment from:  factor/lender  Customer

#### Typical Amounts:

Costs:  
 FOB \_\_\_\_\_ \$ \_\_\_\_\_ %  
 Freight & Duty \_\_\_\_\_ \$ \_\_\_\_\_ %  
 Other: \_\_\_\_\_ \$ \_\_\_\_\_ %  
 Total Cost of Goods Sold \$ \_\_\_\_\_ %  
 Client invoice (sale) amount \$ \_\_\_\_\_ 100%  
 Factor/lender invoice advance \$ \_\_\_\_\_ %

# Inventory Composition Analysis

Inventory Type	Total	Percentage	Description
Raw Materials			
Work in Process			
Finished Goods			
Other			
<b>Inventory Total</b>			
<b>Inventory Turnover Days</b>			

## Contact Information

**Bank Name:** \_\_\_\_\_ **Branch:** \_\_\_\_\_ **Acct. #:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **How Long** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Contact** \_\_\_\_\_ **Email** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Factor Name:** \_\_\_\_\_ **How long** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Contact:** \_\_\_\_\_ **Email:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**CPA Firm:** \_\_\_\_\_ **How long** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Contact:** \_\_\_\_\_ **Email:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Law Firm:** \_\_\_\_\_ **How long** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Contact:** \_\_\_\_\_ **Email:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Insurance Agent:** \_\_\_\_\_ **How long** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Contact:** \_\_\_\_\_ **Email:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Customs House Broker:** \_\_\_\_\_ **How long** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Contact:** \_\_\_\_\_ **Email:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Fulfillment Warehouse:** \_\_\_\_\_ **How long** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Contact:** \_\_\_\_\_ **Email:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

## CUSTOMER INFORMATION:

Describe Typical Customers: \_\_\_\_\_

Please list your Key Customers that represent more than 20% of your sales, the est. % of Sales, and their normal trade terms:

1. \_\_\_\_\_ terms: \_\_\_\_\_ 2. \_\_\_\_\_ terms: \_\_\_\_\_ 3. \_\_\_\_\_ terms: \_\_\_\_\_

## PRODUCT / SUPPLIER INFORMATION

Principal Products: \_\_\_\_\_

Trade name / mark: \_\_\_\_\_ Reg. #: \_\_\_\_\_ Trade name / mark Owner: \_\_\_\_\_

Are these licensed goods? \_\_\_\_\_

**Key Supplier:** \_\_\_\_\_ Products \_\_\_\_\_

How Long \_\_\_\_\_ Contact: \_\_\_\_\_ Email \_\_\_\_\_ Web Site: \_\_\_\_\_

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How Long \_\_\_\_\_ Contact: \_\_\_\_\_ Email \_\_\_\_\_ Web Site: \_\_\_\_\_

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**APPLICANTS CERTIFY THAT:**

The individuals named below, as owners or proposed guarantors of Customer, authorize *Premier Small Business Solutions, LLC or its assignee(s)* to conduct such investigations and inquires as to the Customer's and individuals' credit, operations and collateral, as shall be deemed necessary or desirable by *Premier Small Business Solutions, LLC or its assignee(s)* in connection with the credit application. Customer also agrees to advise persons of whom *Premier Small Business Solutions, LLC or its assignee(s)* may make such inquiry to cooperate with and supply all requested information, unless *Premier Small Business Solutions, LLC or its assignee(s)* is specifically advised otherwise by Customer. A photographic or faxed copy of this authorization shall be as valid as the original.

COMPANY: \_\_\_\_\_

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

By: \_\_\_\_\_

Title: \_\_\_\_\_

COMPANY: \_\_\_\_\_

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

By: \_\_\_\_\_

Title: \_\_\_\_\_