



Financing Application for Commercial Customers
Phone: 913-962-1830
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ACCOUNTS RECEIVABLE PROGRAMS

Legal Business Name: Date:

Business Address:

City: State: County: Zip:

Contact Name: Business Phone:

Fax: E-mail:

Business Ownership (circle): Sole Prop Corp Part LLC F.I.D.# in State of:

Business Start Date: Annual Gross Income: Number of Employees:

If doing business in more than one place, list additional addresses:

What product or service do you provide:

Are receivables generated from sale of goods sale of services or both (circle): GOODS SERVICES BOTH

Number of active customers: Number of invoices per month: Normal selling terms:

Are any extended terms granted: Avg monthly sales volume: Amount to factor:

Have you ever factored your receivables (circle): YES NO If yes, with whom:

Are there any litigation's, judgements or liens filed against you, any company principals or the corporation (circle): YES NO

If yes, please explain:

Has the applicant or any principals of the company ever been convicted of a felony or involved in a bankruptcy (circle): YES NO

If yes, please explain:

Do you have any outstanding loans or lines of credit (circle): YES NO If yes, with whom:

TAX INFORMATION

How often do you file 941 payroll taxes (circle): WEEKLY MONTHLY QUARTERLY ANNUALLY

Do you use a payroll service (circle): YES NO If yes, with whom:

Are your federal, state and payroll taxes current (circle): YES NO If no, have any tax liens been filed (circle): YES NO



## CUSTOMER INFORMATION

**PLEASE LIST COMPANY'S THREE LARGEST CUSTOMERS YOU WANT TO FACTOR (companies will not be initially contacted)**

Company Name: _____	Phone: _____
City: _____ State: _____ Monthly Sales: _____	Avg Invoice Amt: _____
Company Name: _____	Phone: _____
City: _____ State: _____ Monthly Sales: _____	Avg Invoice Amt: _____
Company Name: _____	Phone: _____
City: _____ State: _____ Monthly Sales: _____	Avg Invoice Amt: _____

## OFFICER / PRINCIPAL INFORMATION

(1) <u>FULL NAME:</u> _____	SS#: _____
<u>HOME ADDRESS:</u> _____	CITY: _____
<u>STATE:</u> _____ <u>ZIP:</u> _____	<u>HOME PHONE:</u> _____ <u>OWNERSHIP %:</u> _____
(2) <u>FULL NAME:</u> _____	SS#: _____
<u>HOME ADDRESS:</u> _____	CITY: _____
<u>STATE:</u> _____ <u>ZIP:</u> _____	<u>HOME PHONE:</u> _____ <u>OWNERSHIP %:</u> _____

## SUPPORT DOCUMENTATION

The following additional information is needed by Precision Leasing, Inc., its successors and/or assigns, to determine the feasibility of entering into an accounts receivable program. Please include with your application:

- Detailed **Accounts Receivable Aging Report** and Detailed **Accounts Payable Aging Report**
- Copy of sample invoice

**By executing this application, the signor(s) certify the following:**

That the information set forth in this application and in the documents, schedules, reports, statements, and/or other information provided to Precision Leasing, Inc., its successors and/or assigns, with or pursuant to this application are full, true, correct, and complete and accurately reflect such information on the date (s) thereof to induce Precision Leasing, Inc., its successors and/or assigns, to consider entering into a factoring agreement with this company. I do hereby authorize Precision Leasing, Inc., its successors and/or assigns, the right to verify and investigate any and all of the foregoing statements, including, but not limited to, my/our creditworthiness and financial responsibility, in any way it may choose. I/we grant Precision Leasing, Inc., its successors and/or assigns the right to procure any and all reports pertaining applicant and any party listed in this application, including but not limited to, all principles of the applicant company.

(1) SIGNATURE: _____	TITLE: _____
PRINT NAME: _____	DATE: _____
(2) SIGNATURE: _____	TITLE: _____
PRINT NAME: _____	DATE: _____