



INVOICE FACTORING | PURCHASE ORDER FINANCING | ALTERNATIVE LENDING

**PROSPECTIVE CLIENT APPLICATION**

**COMPANY INFORMATION**

COMPANY NAME: \_\_\_\_\_  
TRADE STYLE/FICTITIOUS NAME(S): \_\_\_\_\_  
FEDERAL TAX ID No: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
TEL: \_\_\_\_\_ FAX: \_\_\_\_\_  
FAX: \_\_\_\_\_ WEBPAGE: \_\_\_\_\_  
CONTACT PERSON: \_\_\_\_\_ POSITION: \_\_\_\_\_

TYPE OF BUSINESS (CHECK ONE):  
\_\_\_\_\_ PROPRIETORSHIP \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ CORPORATION

STATE OF INCORPORATION/FORMATION: \_\_\_\_\_ DATE ESTABLISHED: \_\_\_\_\_  
APPROXIMATE NUMBER OF EMPLOYEES: \_\_\_\_\_ OTHER OFFICE LOCATIONS (Y/N)? \_\_\_\_\_

HAS THERE BEEN A CHANGE OF OWNERS IN THE PAST YEAR? (Y/N) \_\_\_\_\_

HAS THE COMPANY EVER CHANGED ITS NAME? (Y/N) \_\_\_\_\_

***IF YOU ANSWERED YES TO ANY OF THE ABOVE, PLEASE EXPLAIN IN A SEPARATE SHEET***

HAVE THE PRINCIPALS EVER OWNED ANY OTHER COMPANIES? (Y/N) \_\_\_\_\_

***IF YES, PLEASE LIST THE NAMES OF THOSE COMPANIES ON A SEPARATE SHEET:***

NAME OF PRESIDENT/PRINCIPAL: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_  
DRIVER'S LICENSE No: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
HOME ADDRESS: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ PERCENT OWNERSHIP: \_\_\_\_\_

**J & D FINANCIAL (WEST COAST) CORPORATION**

CFL LICENSE No. 603 L097

WWW.JDFINANCIAL.COM

PO Box 610250

NORTH MIAMI, FL 33181

T: 800.421.1120

CALIFORNIA

435 N. BEVERLY DRIVE, SUITE 203

BEVERLY HILLS, CA 90210

T: 310.282.8819 | F: 844.863.7087

FLORIDA

13899 BISCAYNE BLVD., SUITE 148

NORTH MIAMI BEACH, FL 33181

T: 305.893.0300 | F: 786.621.4830

NAME OF VICE PRESIDENT/PARTNER: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_  
DRIVER'S LICENSE No: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
HOME ADDRESS: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ PERCENT OWNERSHIP: \_\_\_\_\_

NAME OF SECRETARY/PARTNER: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_  
DRIVER'S LICENSE No: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
HOME ADDRESS: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ PERCENT OWNERSHIP: \_\_\_\_\_

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***BUSINESS INFORMATION:***

TYPE OF BUSINESS (CHECK ONE):  
\_\_\_\_\_ MANUFACTURER      \_\_\_\_\_ WHOLESALER      \_\_\_\_\_ OTHER

BRIEF DESCRIPTION OF BUSINESS: \_\_\_\_\_  
\_\_\_\_\_

AVERAGE MONTHLY BILLING: \_\_\_\_\_ OF WHICH YOU WISH TO FACTOR (IN \$): \_\_\_\_\_  
AVERAGE INVOICE AMOUNT: \_\_\_\_\_ ESTIMATED TOTAL ANNUAL SALES: \_\_\_\_\_  
TERMS OF SALE: \_\_\_\_\_ AVERAGE COLLECTION PERIOD OF A/R (IN DAYS): \_\_\_\_\_  
TOTAL RECEIVABLES OUTSTANDING:  
1-30: \_\_\_\_\_ 31-60: \_\_\_\_\_ 60+: \_\_\_\_\_  
NUMBER OF ACTIVE CUSTOMERS: \_\_\_\_\_ DO YOU OBTAIN PURCHASE ORDERS? (Y/N) \_\_\_\_\_

TOP ACTIVE ACCOUNTS (LIST NAME, ADDRESS, CITY, STATE AND PHONE):

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_
4. \_\_\_\_\_  
\_\_\_\_\_
5. \_\_\_\_\_  
\_\_\_\_\_

*IF YOU HAVE A CUSTOMER CONCENTRATION OF EXCEEDING 15%, PLEASE NOTE THAT ABOVE*

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**BANKING AND FINANCIAL INFORMATION**

BANK NAME: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_  
BANK OFFICER'S NAME: \_\_\_\_\_ TEL: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

TYPE OF CREDIT FACILITY (CHECK ALL THAT APPLY):

\_\_\_\_\_ TERM LOAN \_\_\_\_\_ REVOLVING CREDIT LINE \_\_\_\_\_ OTHER  
\_\_\_\_\_ SECURED \_\_\_\_\_ UNSECURED

NAME OF OTHER LENDERS YOU HAVE USED OR ARE USING;

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

ARE RECEIVABLES OR INVENTORY PLEDGED AS COLLATERAL? (CHECK ONE): \_\_\_ YES \_\_\_ NO

IF YES, LIST NAME OF LENDER: \_\_\_\_\_

LOAN AMOUNT: \_\_\_\_\_ TERMS: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ TEL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

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**MISCELLANEOUS INFORMATON**

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| ANY PENDING LITIGATION AGAINST THE OWNER(S)/OFFICERS OR COMPANY?          | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| ANY JUDGEMENTS OUTSTANDING?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| ARE YOUR FEDERAL, STATE AND PAYROLL TAXES CURRENT?                        | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| ANY FEDERAL OR STATE TAX LIENS?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| ANY OWNER(S), OFFICER(S) OR COMPANY EVER FILED FOR BANKRUPTCY PROTECTION? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| ANY SUIT(S) FILED AGAINST THE COMPANY?                                    | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

***IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, PLEASE EXPLAIN FULLY BELOW:***

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HOW DID YOU HEAR ABOUT J&D FINANCIAL? \_\_\_\_\_

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ALL OF THE STATEMENTS MADE HEREIN AND ALL INFORMATION IN DOCUMENTS PROVIDED HERewith ARE TRUE AND CORRECT AND THE APPLICANT(S) UNDERSTAND THAT J&D INTENDS TO RELY THEREUPON IN DETERMINING WHETHER TO ENTER INTO A FINANCING RELATIONSHIP. APPLICANT HEREBY AUTHORIZES J&D TO VERIFY ANY AND ALL OF THESE STATEMENTS IN ANY WAY THAT IT MAY CHOOSE AND TO PROCURE ALL CREDIT REPORTS OF THE PRINCIPALS OF THE APPLICANT COMPANY. IN ADDITION, APPLICANT FURTHER AUTHORIZES ITS SUPPLIERS, CUSTOMERS, ACCOUNTANT, ATTORNEYS, EMPLOYEES AND CREDIT AGENCIES TO SUPPLY TO J&D OR ITS EMPLOYEES ANY INFORMATION IT MAY REQUEST. A COPY OF THIS AUTHORIZATION MAY BE ACCEPTED AS IF IT WERE AN ORIGINAL.

APPLICANT	APPLICANT
PRINT NAME:	PRINT NAME:
TITLE:	TITLE:
SIGNATURE:	SIGNATURE:
DATE:	DATE:

**PLEASE EMAIL THIS FORM TO:**  
**[INFO@JDFINANCIAL.COM](mailto:INFO@JDFINANCIAL.COM)**