



Caribbean Financial Services Corporation

Fostering Sustainable Caribbean Development

Receivables Factoring Application and Client Agreement

GENERAL INFORMATION		
Business Name:		
Legal Business Name (if different from the Business Name):		
Type of Business Registration (Corporation, Limited Liability Co., Sole Proprietorship, Business Name):		
Date Business was started:		
Brief Business Description:		
Address:		
Number of Employees (list full-time and part-time as necessary):		
Telephone No:	Telephone No 2:	Fax No:
Website:		
Name & Address of Attorney-at-Law (if applicable):		
Telephone No.	Fax No.	Email Address:
Name & Address of Accountant (if applicable):		
Telephone No.	Fax No.	Email Address:

PRINCIPAL(S) / OWNER(S) INFORMATION		
Name:		Title/Position:
Telephone No:	Cell No:	Fax No:
Email Address:		
Percentage of Ownership:		
Name:		Title/Position:
Telephone No:	Cell No:	Fax No:
Email Address:		
Percentage of Ownership:		
Name:		Title/Position:
Telephone No:	Cell No:	Fax No:
Email Address:		
Percentage of Ownership:		

<i>(Circle the answer which applies)</i>		
1. Has the business or any of its principals / owners ever filed for bankruptcy?	YES	NO
2. Has the business or any of its principals / owners had any judgments?	YES	NO
3. Is the business, or any of its principals / owners, free from liens or encumbrances?	YES	NO
4. Does the business or any of its principals / officers have any pending lawsuits?	YES	NO

BUSINESS BANKING INFORMATION		
Bank Name:		
Bank Address:		
Account Number:		
Date Account opened:		
Banking Officer Name:	Telephone No:	Fax:
Does the business currently have any loans with the bank above?	YES	NO
Please provide all loan details (loan amounts, interest rates, monthly payments, maturities, security held, etc):		

BUSINESS REFERENCES		
<i>(Please provide at least 2 references)</i>		
Company Name:	Contact Name:	
Address:		
Telephone No:	Fax No:	
Email Address:		
Company Name:	Contact Name:	
Address:		
Telephone No:	Fax No:	
Email Address:		
Company Name:	Contact Name:	
Address:		
Telephone No:	Fax No:	
Email Address:		

ACCOUNTS RECEIVABLE INFORMATION		
Current A/R Balance: \$	1-30 days: \$	31-60 days:\$
61-90 days:\$	over 90 days:\$	

Amount Invoiced: Last 30 days:\$	Last 12 months:\$
Number of Active customer accounts:	Number of Delinquent customer accounts:
Terms of Sale:	
Average monthly billings:\$	Average Invoice Amount: \$
How much of your average monthly billings do you wish to factor?	
Are any of your receivables "progress" billings? (In other words, do you bill at various stages for a project / products)	
Has the business factored accounts receivable before? YES NO	
If yes, please state the company which performed the factoring before:	
Are any of the accounts receivable pledged as collateral for any purpose? YES NO	

CUSTOMERS		
Please list your top four (4) customers in order of monthly billing amounts		
Company Name:		
Contact Person:		
Address:		
Telephone No.	Fax No:	E-mail:
Average monthly billing:\$		
Company Name:		
Contact Person:		
Address:		
Telephone No.	Fax No:	E-mail:
Average monthly billing:\$		
Company Name:		
Contact Person:		
Address:		
Telephone No.	Fax No:	E-mail:
Average monthly billing:\$		
Company Name:		
Contact Person:		
Address:		
Telephone No.	Fax No:	E-mail:
Average monthly billing:\$		

DECLARATION

As an officer of the company, I understand that Caribbean Financial Services Corporation (CFSC) will rely on the information provided in this application in its evaluation of the company's request. I hereby warrant that this and any other information the company or I may supply represents a correct, complete and accurate disclosure.

I authorise CFSC to share credit information about our company with its affiliates and related parties as permitted by law and permit our bankers, suppliers, customers and other parties listed in this application and related parties to release financial information and or credit information as necessary.

I consent to CFSC's contact of any other parties deemed necessary for their investigation of this application and agree to hold CFSC harmless against any claims, direct or indirect that may result from receiving such information.

Signature: _____

Printed Name: _____

Title: _____

Date: _____