

**FACTORING APPLICATION Coface Credit Management North America, Inc. (CCMNA)**

**I. COMPANY INFORMATION**

Company name:		
D/B/As or other business names used:		
Headquarters address:		
City:	State:	ZIP:
Other address(es) used: _____ _____		
Telephone:	Fax:	
E-mail address:	Website:	
Contact name:	Title:	
Type of Company: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Proprietorship		
ID Numbers:    Federal ID# _____    State ID# _____		
Please describe your business: _____ _____		
Company formation date:		Formation state:

**II. OWNER, DIRECTOR, OFFICER AND MANAGER INFORMATION**

Name	Title	% Ownership

**III. CREDIT REFERENCES**

Creditor name:	Account number:
Contact person:	Telephone:
Address:	
Creditor name:	Account number:
Contact person:	Telephone:
Address:	
Creditor name:	Account number:
Contact person:	Telephone:
Address:	

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**IV. BANK REFERENCES**

Bank name:	Account number:
Contact person:	Telephone:
Address:	
Bank name:	Account number:
Contact person:	Telephone:
Address:	

**V. ACCOUNT RECEIVABLE INFORMATION**

1.	What were your company's total revenues (sales) last year?	\$ _____
2.	What are your company's total revenues for this fiscal year?	\$ _____
3.	Estimated monthly factoring volume:	\$ _____
4.	Do you have commercial trade credit insurance? If yes: Carrier: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes Policy number: _____
5.	Current <b>domestic</b> accounts receivable amount is \$ _____, of which \$ _____ is past due. Current <b>export</b> accounts receivable amount is \$ _____, of which \$ _____ is past due.	
6.	Amount of accounts receivable in hands of attorneys or collection agencies, currently or within the past year: <b>Domestic:</b> \$ _____ <b>Export:</b> \$ _____	
7.	We do NOT have any debtors who we have reason to believe in a failing condition, except _____, which is owing us \$ _____	
8.	What are your terms of sales?    Open account: _____%    Letter of credit: _____%    Other: _____%	
9.	Do you offer payment discounts? <input type="checkbox"/> No <input type="checkbox"/> Yes    If yes, what are the terms? _____	
10.	How many invoices do you generate a week? _____    A month? _____	

**VI. LEGAL CONSIDERATIONS**

1.	Does your company have any indictments or liens filed against it?	<input type="checkbox"/> No <input type="checkbox"/> Yes
2.	Has company or any of its shareholders, officers (if corporation), partners (if partnership), members or managers (if LLC) ever declared bankruptcy?	<input type="checkbox"/> No <input type="checkbox"/> Yes
3.	Are any licenses, certifications, or accreditations in dispute?	<input type="checkbox"/> No <input type="checkbox"/> Yes

**VII. ATTACHMENTS**

Please attach current aging of invoices and two years of financial statements. If the financial statements are not certified by a CPA, please provide written certification by the company's CFO that financial statements are accurate and complete. Please attached a copy of your filed Articles of Incorporation (if corporation) or Articles of Organization (if LLC), and a current Certificate of Legal Existence and Good Standing.

**VIII. REPRESENTATIONS AND WARRANTIES**

The applicant represents and warrants that the statements and information provided in this application are true, accurate and complete as of the date below. The applicant understands that CCMNA is relying on the statements and information herein in order to determine whether to grant credit.

