

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

**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.

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**IX. AUTHORIZATION**

Additionally, the applicant and each of the undersigned people below authorize CCMNA:

1. to make all inquiries it deems necessary to verify the accuracy of this application and to check our/my credit history;
2. to obtain credit and personal information about us/me from credit reporting agencies, credit bureaus and others;
3. to share any credit and personal information obtained with credit reporting agencies, credit bureaus and any person or business entity with whom CCMNA has or proposes to have a business relationship;
4. to contact any bank references or other reference provided to CCMNA and request information; and
5. to file one or more financing statement in any or all Uniform Commercial Code jurisdictions.

Dated: \_\_\_\_\_, 20\_\_\_\_

Company name: \_\_\_\_\_

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

Signature	Name	Title	Date
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This application must be also signed by all persons listed in Section II. (If more than three, please copy this page.)

Individual signature	Social Security Number
Printed name	Home telephone
Home address	City/State/ZIP
Individual signature	Social Security Number
Printed name	Home telephone
Home address	City/State/ZIP
Individual signature	Social Security Number
Printed name	Home telephone
Home address	City/State/ZIP