



Incomplete forms and/or untruthful statements may delay or prevent any transactions. Please fax completed form to **877-557-2678** or call **888-525-7082** for assistance.

**Factoring Customer Profile Form**  
**Company Information**

<u>Exact Legal Company Name</u>		<u>D/B/A</u>
<u>Address</u>		<u>Phone</u>
<u>City, State, Zip</u>		<u>Fax</u>
<u>Contact Name</u>		<u>E-Mail Address</u>
<u>Title</u>		<u>Web Address</u>
<u>County</u>	<input type="checkbox"/> Corp	<input type="checkbox"/> L.L.C
	<input type="checkbox"/> PTNSHP	<input type="checkbox"/> SOLE PROP
<u>State of Registration</u>	<u>When Registered</u>	<u>Tax ID # (Mandatory)</u>
<u>Business Description</u>		

**Officers - Business Information**

<u>President</u>	<u>Vice President</u>	<u>Secretary</u>
<u>Social Sec #</u>	<u>Social Sec #</u>	<u>Social Sec #</u>
<u>Home Address of President (Mandatory)</u>		

**Banking & Financial Information**

<u>Bank Name &amp; Branch Address</u>		
<u>Contact Name</u>		<u>Telephone</u>
<u>Account Number</u>		<u>ABA Routing Number</u>
<u>Current Loans</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Loan Amount &amp; Terms</u>	<u>Name of Institution</u>
<u>Are Company Taxes Current</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>If, No How Much Due?</u>	<u>Payment Plan in Place?</u>

**Receivable & Contract Information**

<u>Estimated Yearly Revenue</u> \$	<u>Estimated Monthly Billing Amount?</u> \$
<u>Average Size of Invoice</u> \$	<u>Terms Extended</u> 30 / 60 / 90 Days
<u>Estimated Monthly Factoring Volume</u> \$	<u>Estimated Monthly Factoring Volume</u> \$
<u>Are Invoices Pledged as Security Elsewhere?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>If Yes, To Whom? Explain:</u>

**Listing of Principal Accounts / Clients**

<u>Name of Client</u>	<u>City, State, Zip</u>	<u>Telephone</u>	<u>Avg Monthly Billing</u>
1.)			
2.)			
3.)			
4.)			
5.)			

The foregoing information is true and correct to the best of my knowledge and is given to International Capital Alliance (ICA), Inc. to induce ICA to consider facilitating a factoring agreement with this company. I hereby do authorize ICA its agent and/or assignee 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 they may choose. I/We grant ICA and / or it assignees the right to procure any and all credit reports pertaining to any party listed in this application, including, but not limited to, all principals of the applicant company.

<b>Signature</b>	<b>Print Name</b>	<b>Print Title</b>	<b>Date</b>
------------------	-------------------	--------------------	-------------

## Factoring Customer Profile Form - Page 2

### Questionnaire...

1.) Has the company ever sold accounts receivable to a third party? (If yes, please explain)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.) Do you require credit applications on new customers ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.) Do you maintain a payment history on all customers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.) Do you offer unusual terms of sale to any customers? (If yes, please explain)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.) Do you have any consignment or guaranteed sales? (If yes, please explain)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.) Do you have any contra accounts? (If yes, please explain below)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7.) Do you prepare monthly receivables & payables aging reports?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8.) Do send monthly statements to your customers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9.) Are there any liens or encumbrances filed on your accounts receivable? (If yes, please explain)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10.) Are all books & records maintained at address given on page 1 of this application? (If no, please explain)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11.) Are return allowances & credits posted daily ( Please explain below)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12.) Has the company or any officers ever filed for bankruptcy protection? (If yes, please explain)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13.) Is the company late or delinquent on any state or federal tax payment? (if yes, please explain)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14.) Is the company involved in or having any pending litigation or lawsuits? (If yes, please explain)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15.) Does the company operate under any assumed name? (If yes, please list below)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16.) Have you ever factored before? With whom? ( If yes, please list below)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### Needed Attachments: (Please Check)

Current Accounts Receivable Aging Report	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Copies of Invoices to be factored	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Article of Incorporation	<input type="checkbox"/> Yes	<input type="checkbox"/> No

SIGNATURE

PRINT NAME

PRINT TITLE

DATE

Please fax or mail complete application package to:

**International Capital Alliance Inc.**  
 1801 US Highway One Suite 16A  
 Jupiter, Florida 33477  
**Tel: 888-525-7082**  
**Fax: 877-557-2678**  
 E-mail: [info@icafunding.com](mailto:info@icafunding.com)  
 Web: <http://www.icafunding.com>