



THE JOSEPH DEAN CO.

FACTORS

CONFIDENTIAL INFORMATION

NAME OF COMPANY: _____

MAILING ADDRESS: _____ COUNTY: _____

STREET ADDRESS: _____ COUNTY SEAT: _____

TELEPHONE NUMBER: _____ BUSINESS IS A: CORPORATION _____

FAX NUMBER: _____ PARTNERSHIP _____

DATE BUS. STARTED: _____ SALES TAX ID: _____ PROPRIETORSHIP _____

TYPE OF BUSINESS: _____ FURNITURE _____ TEXTILE _____ APPAREL _____ OTHER _____

DESCRIBE YOUR BUSINESS: _____

DO YOU CURRENTLY FACTOR? _____ YES _____ NO RATES: _____

WITH WHOM? _____

PRINCIPALS:

| <u>NAME</u> | <u>ADDRESS</u> | <u>SOCIAL SECURITY #</u> | <u>PERCENT OWNERSHIP</u> | <u>TITLE</u> |
|-------------|----------------|--------------------------|--------------------------|--------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

RECEIVABLES/SALES:

AVG. MO. VOL. PAST 3 MOS. \$ _____ AVG. NO. INVOICES PAST 3 MOS. _____

ANTICIPATED MONTHLY LEVEL OF FACTORING \$ _____

AMT. OF RETURNS/ADJUSTMENTS PAST 12 MOS. \$ _____

AMT. OF CREDIT LOSSES PAST 3 YEARS \$ _____ \$ _____ \$ _____



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WHAT PERCENT OF YOUR BUSINESS IS REPEAT? _____

WHAT TERMS OF SALE DO YOU CURRENTLY OFFER? _____

APPROXIMATE DOLLAR LEVEL OF EXTENDED TERMS \$ _____

LIST ACCOUNTS WITH CONCENTRATION OVER 40% OF ANNUAL VOLUME _____

APPROX. DOLLAR AMT. OF SALES PAST 12 MOS. ON CONSIGNMENT, CONTINGENT OR BILL & HOLD \$ _____

APPROX. NO. OF ACTIVE CUSTOMERS _____

FIVE LARGEST CUSTOMERS:

| <u>NAME</u> | <u>CITY (HEADQUARTERS)</u> | <u>STATE</u> | <u>CONTACT PERSON</u> | <u>TELEPHONE #</u> |
|-------------|--------------------------------|--------------|-----------------------|--------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

REFERENCES:

| <u>NAME/CITY/STATE</u> | <u>CONTACT PERSON</u> | <u>TELEPHONE #</u> |
|------------------------|-----------------------|--------------------|
|------------------------|-----------------------|--------------------|

BANKS

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

ACCOUNTANT

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
|-------|-------|-------|

THREE LARGEST SUPPLIERS

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |



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GENERAL INFORMATION:

| | | <u>DOLLAR AMOUNT</u> | <u>EXPLANATION (COMPANY NAME ETC)</u> |
|--|-----------|----------------------|---------------------------------------|
| 1. ARE ANY ASSETS PLEDGED? | (Y / N) | _____ | _____ |
| 2. IS THE COMPANY DEFENDANT IN ANY SUITS OR LEGAL ACTIONS? | (Y / N) | _____ | _____ |
| 3. HAS COMPANY/PRINCIPALS EVER DECLARED BANKRUPTCY? | (Y / N) | _____ | _____ |
| 4. OTHER SPECIAL DEBT? | (Y / N) | _____ | _____ |

ADDITIONAL INFORMATION:

SIGNATURE / TITLE / DATE

ATTACHMENTS TO ACCOMPANY COMPLETED APPLICATION:

1. COMPANY FINANCIAL STATEMENTS - YEAR END STATEMENT FOR PAST 2 YEARS AND MOST RECENT INTERIM.
2. MOST CURRENT AGING OF ACCOUNTS RECEIVABLE. (PLEASE INCLUDE NAME, ADDRESS, AND PHONE NUMBERS.)
3. CUSTOMER LIST INCLUDING ADDRESS AND PHONE NUMBERS.
4. CURRENT ACCOUNTS PAYABLE AGING.
5. PERSONAL FINANCIALS ON THE OWNERS/OFFICERS. (LOCAL BANK'S FORM ACCEPTABLE)