



CONFIDENTIAL ANALYSIS

FAX to: **303.663.0197** (or 303.374.6077)

For a **FREE ANALYSIS** please enter promo code: _____

Client Profile – Account Receivables

Legal Company Name _____ Date _____
 DBA Name (if applicable) _____ County _____
 Address _____ City _____ State _____ ZIP _____
 Contact _____ Title _____ Phone _____
 EMail Address _____ Web Site _____ Fax _____
 Accountant Name _____ EMail _____ Phone _____

Structure: Corporation or S-Corp Partnership LLC Non-Profit
 Sole Proprietorship Government LLP Tax Exempt

State of Incorporation _____ Date of Incorporation _____ Federal Tax ID/SSN _____

Business description _____ Time in Business _____

Does the Client (Company) or it's Principals have any of the following (check all that apply):

- Judgments (attach details) Lawsuits or Claims (attach details)
- A/R, Tax, or Other Liens (attach details) Bankruptcy (attach details)

Does the Client (Company) have any of the following (check all that apply):

- Outstanding Loans or Lines of Credit (outstanding amount \$ _____) Lender Name _____
- Late Tax (Payroll, Federal, or State) Payments (outstanding amount \$ _____)

Does the company operate under any assumed name (or DBA) now or over the past 5 years?

If yes, please list the name(s): _____

Principals of Company

Name/Title	Home Address	Soc Sec# (Optnl.)	Ownership%
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Bank Reference(s)

Bank Name _____ Address _____
 Contact _____ Phone _____
 Check/Loan Acct.# _____ ABA# _____
 Outstanding Loan? Yes (Amount \$ _____) / No

Bank Name _____ Address _____
 Contact _____ Phone _____
 Check/Loan Acct.# _____ ABA# _____
 Outstanding Loan? Yes (Amount \$ _____) / No

Bank Name _____ Address _____
 Contact _____ Phone _____
 Check/Loan Acct.# _____ ABA# _____
 Outstanding Loan? Yes (Amount \$ _____) / No

