

CAMERON CAPITAL CONSULTING FACTORING WORKSHEET

Legal Name of Business:	Website:	First Name:	
Trade Name:	Federal ID #:	Last Name:	
Office Address:		Position in Company:	
Street Mailing Address:	City	County / State	Zip Code
Street	City	County / State	Zip Code
Telephone: ()	Fax: ()	(800)	
Date Established:	Company Structure:	Corporation (Year \ State)	Partnership Proprietorship
Has there been a change of owners in the past year? Yes No If yes, explain on separate sheet.			
Has the Company ever changed its name? Yes No If yes, explain on separate sheet.			
Industry / Sector:		Manufacturing	Wholesale Retail Services Other
Brief Description of Business or Primary Product: _____			
Approximate number of Employees #		Does the Company own or rent location:	
Banking Information			
Bank Name:		Contact:	
Address:			
Street	City	County / State	Zip Code
Telephone: ()	Account #:	Since:	
Fax: ()			
Loans:	Collateral:		
Accounting Firm			
Accounting Address:			
		City	County / State Zip Code
		Contact:	Since

E-Mail To: JPC@CameronCapitalConsulting.com or Fax To: **(949) 387-6704**
or Mail To: Cameron Capital Consulting 1280 Bison B9 532 Newport Beach, CA 92660

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6. DO YOU HAVE ANY CONTRA ACCOUNTS? (IF YES, EXPLAIN BELOW) YES NO
7. DO YOU PREPARE MONTHLY RECEIVABLES AND PAYABLES AGING REPORTS? YES NO
8. DO YOU SEND MONTHLY STATEMENTS TO YOUR CUSTOMERS? YES NO
9. ANY LIENS OR ENCUMBRANCES FILED ON YOUR ACCOUNTS RECEIVABLE? YES NO
(IF YES, EXPLAIN BELOW)
10. ARE BOOKS AND RECORDS MAINTAINED AT ADDRESS GIVEN ON THIS SHEET? YES NO
(IF NO, EXPLAIN BELOW)
11. ARE RETURN ALLOWANCES AND CREDITS POSTED DAILY? (EXPLAIN BELOW) YES NO
12. HAS THE CO. OR ANY OFFICERS / OWNERS EVER FILED FOR BK PROTECTION? YES NO
(IF YES. EXPLAIN BELOW)
13. IS THE CO. LATE OR DELINQUENT ON ANY STATE OR FEDERAL TAX PAYMENT? YES NO
(IF YES. EXPLAIN BELOW)
14. IS THE CO. INVOLVED IN OR HAVE ANY PENDING LITIGATION OR LAWSUITS? YES NO
(IF YES, EXPLAIN BELOW)
15. DOES THE CO. OPERATE UNDER ANY ASSUMED NAME? (IF YES, LIST BELOW) YES NO
16. HAVE YOU EVER FACTORED BEFORE? WITH WHOM? (IF YES, LIST BELOW) YES NO
17. WHAT IS YOUR AVG SIZED BILL? BILL UNDER WHAT TERMS? YES NO
- (USE AREA BELOW IF NECESSARY)
18. ARE THE COMPANY TAXES UP TO DATE? (IF NO, EXPLAIN BELOW) YES NO

Miscellaneous Notes:
