

LEASE I, Inc
Accounts Receivable Factoring Questionnaire

DATE _____

COMPANY INFORMATION

Legal Name of Company on Articles of Incorporation: _____

DBA if applicable: _____ Contact Person Name & Title: _____

Address: _____ City: _____ State: _____ ZIP _____

Phone: _____ Fax: _____ e-Mail: _____

Legal form of business: _____ Corporation _____ Partnership _____ Proprietorship _____ LLC

Date Business Started: _____ State of Incorporation/Registration: _____ Number of Employees: _____

Describe Type of Business: _____

CORPORATE OFFICERS / PARTNERS / OWNERS

Name: _____ Title: _____ Ownership % _____

Name: _____ Title: _____ Ownership % _____

Name: _____ Title: _____ Ownership % _____

Name: _____ Title: _____ Ownership % _____

ACCOUNTS RECEIVABLE INFORMATION

Are receivables generated from sales of goods, sales of services, or both? _____ Goods _____ Services _____ Both

No. of Active Customers: _____ No. of invoices per month: _____ Avg. Invoice \$ _____

Normal Selling Terms (30, 60, 90 days): _____ Are any extended terms Granted? ___ No ___ Yes

What is your Average Monthly Sales Volume? \$ _____ Annual Sales \$ _____

What was the amount of your bad debt last year? \$ _____

How much of your Monthly Billing do you wish to factor? \$ _____

Do you require Purchase Orders from your Clients? _____ What other documentation do you require from your customers? _____

Have you ever factored your Receivables? ___ No ___ Yes, if yes with whom? _____

Are you still submitting invoices? ___ Yes ___ No Reason for leaving: _____

LEASE I, Inc – Factoring Questionnaire

Does the Applicant or any of its Principle(s) have any judgments, liens or pending lawsuits against them?

___ No ___ Yes

If yes, please explain: _____

Does the Applicant or its Principle(s) have any outstanding loans? _____ No ___ Yes

If yes please explain and list below: _____

| Lender | Amount Outstanding | Collateral |
|--------|--------------------|------------|
| | | |
| | | |
| | | |
| | | |

CLIENT LISTING

Please list your 7 largest customers

| COMPANY NAME | COMPANY LOCATION | MONTHLY VOLUME | AMOUNT TO FACTOR |
|--------------|------------------|----------------|------------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |

Please complete and fax to:

**LEASE I, Inc
Fax 800-281-3959
Phone 800-747-7304**

Thank you for taking the time to complete this questionnaire. Upon receipt, we will contact you to discuss our factoring program in greater detail and to answer any questions that you may have.