



Premier Capital by the Sea

Alternative Funding Solutions

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Client Profile

Client Information

Legal company name _____

Db name (if applicable) _____

Present address _____

City _____ County _____ State _____ ZIP _____

Phone _____ Fax _____

Contact _____ Title _____

Structure Corporation Partnership Sole Proprietorship LLC Date est. _____

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

Business description _____

Has Client ever factored receivables? No Yes (with whom?) _____

Does Client or its Principals have any: Judgments Liens Back taxes Lawsuits
(Check all that apply and attach details.)

Does Client have any outstanding loans? No Yes (name of institution) _____

Balance owed \$ _____ Are receivables pledged as collateral? No Yes

Factor Request

Amount \$ _____

Principals of Company

Name/title	Home address	Social Security #
_____	_____	____-____-____
_____	_____	____-____-____
_____	_____	____-____-____

Bank References

Name of institution _____ Address _____

Phone _____ Contact _____ Check/loan acct.# _____

Name of institution _____ Address _____

Phone _____ Contact _____ Check/loan acct.# _____

Principal Customer Information

Please list client's three largest customers client wishes to factor. Customers will not be initially contacted.

Monthly Sales / Average Invoice

\$ _____ / _____ Customer's Name _____ Address _____

Phone _____ Fax _____ Email _____

\$ _____ / _____ Customer's Name _____ Address _____

Phone _____ Fax _____ Email _____

\$ _____ / _____ Customer's Name _____ Address _____

Phone _____ Fax _____ Email _____

Attach the following: (1) Copy of Articles of Incorporation & By-Laws or Copy of Partnership Agreement, (2) Copy of Fictitious Name Filing (if applicable) and (3) Accounts Receivable Aging.