

# ***IACFB Wholesale / Commercial Finance Company Profile / Worksheet***

Company Name \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ E-Mail \_\_\_\_\_

Years in Business \_\_\_\_\_ Short Description of Operations \_\_\_\_\_

Company Website \_\_\_\_\_

## **President / Owner / Contact Information**

Owners Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

## **Additional Information**

Do you have any bank loans (business only) outstanding currently? \_\_\_\_\_ If so, please tell us

where and with whom. Current lender's name \_\_\_\_\_

Contact Name / Phone \_\_\_\_\_ Balance Outstanding \$ \_\_\_\_\_

Are your 941 payroll taxes current? \_\_\_\_\_ Do you have any outstanding liens or judgments? \_\_\_\_\_

How much and what type of financing does your company require? \$ \_\_\_\_\_

Factoring       Inventory Finance       Import-Export Trade Finance       Other

What is the average amount of billing to customers you do per month? \$ \_\_\_\_\_

What is the average number of invoices you bill each month? \_\_\_\_\_ Average Size \_\_\_\_\_

What is average monthly amount of inventory your company carries? \$ \_\_\_\_\_

List your 5 largest customers and average monthly billing.

Customer Name \_\_\_\_\_ Monthly billing \$ \_\_\_\_\_

Customer Name \_\_\_\_\_ Monthly billing \$ \_\_\_\_\_

Customer Name \_\_\_\_\_ Monthly billing \$ \_\_\_\_\_

Customer Name \_\_\_\_\_ Monthly billing \$ \_\_\_\_\_

Customer Name \_\_\_\_\_ Monthly billing \$ \_\_\_\_\_

*Please return this completed Commercial Finance Profile along with a current accounts receivable aging report to our offices via email to [submissions@iacfb.com](mailto:submissions@iacfb.com). A member of our underwriting department will contact you within 24 hours.*