



CONFIDENTIAL ANALYSIS

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

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

Client Profile for Government A/R Funding

Client/Company Information

Legal Company Name _____ Date _____

DBA Name (if applicable) _____ County _____

Address _____ City _____ State _____ ZIP _____

Contact _____ Title _____ Phone _____

E-Mail Address _____ Web Site _____ Fax _____

Accountant Name _____ E-Mail _____ Phone _____

Structure: Corporation or S-Corp Partnership LLC Sole Proprietorship

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

Business description _____

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

- Judgments (attach details) Lawsuits (attach details)
- Liens (attach details) Bankruptcy (attach details)

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

- Outstanding Loans (outstanding amount \$ _____)
- 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

Principal Customer Information Please list the government agency that the Client (Company) would like to factor. (Customers will not be initially contacted.)

Gov. Agency	Address	Phone	Federal, State, County, or City?	Num. of Invoices	Avg. Invoice Amount	Avg. Sales / Month

Accounts Receivable Questionnaire

Question:	Response:
What is the status of your government contract?	<input type="checkbox"/> Current Contract <input type="checkbox"/> Awaiting Award (expected date ___/___/___)
If Current Contract....	Contract # _____ Date of Award ___/___/___ End Date ___/___/___
If the company is a Federal Gov. vendor, how is it set up?	<input type="checkbox"/> Form #1449 <input type="checkbox"/> DD250 <input type="checkbox"/> WAWF (Wide Area Work Flow) <input type="checkbox"/> Other
How is the company paid?	<input type="checkbox"/> EFT (Electronic Funds Transfer) <input type="checkbox"/> Check
What are the normal terms of sale?	<input type="checkbox"/> Net 90 days <input type="checkbox"/> Net 7-29 days <input type="checkbox"/> Consignment <input type="checkbox"/> Net 60 days <input type="checkbox"/> Due upon recpt. <input type="checkbox"/> Other: <input type="checkbox"/> Net 30 days <input type="checkbox"/> Contract
What is the average discount / return percent?	%
What were the company's gross sales last year?	\$
What is this year's projected gross sales?	\$
Gross amount of invoices the company intends to factor each month?	\$
Has the company ever sold accounts receivable (factored) before?	<input type="checkbox"/> Yes / <input type="checkbox"/> No (With whom? _____)
Is the company required to be bonded or insured for it's services?	<input type="checkbox"/> Yes / <input type="checkbox"/> No

Attach the following: (1) Copy of Articles of Incorporation & By-Laws or Copy of Partnership Agreement, (2) Copy of Fictitious Name Filing (if applicable), (3) Accounts Receivable Aging, and (4) Sample Invoice and corresponding P.O. Agreement

The above information is complete and accurate to the best of my knowledge and is provided to CapSource Funding, LLC for the purposes of analysis/consultation and search for a funding source(s) interested in purchasing the aforementioned promissory paper. I acknowledge that further documentation may be requested in pursuit of the transaction by either CapSource Funding, LLC or directly from the funding source(s). I further acknowledge that CapSource Funding, LLC is not a buyer or credit provider, therefore, credit worthiness is determined by the funding source(s). However the information above will be provided to the funding source(s) in order for them to make such a determination.

Name: _____ Title: _____

Signature: _____ Date: _____

CAPSOURCE FUNDING USE ONLY			
CCFC	Contact Information	Date	Initials