



# CONFIDENTIAL ANALYSIS

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

For a **FREE ANALYSIS** please enter promo code: \_\_\_\_\_

## Client Profile – Account Receivables

Legal Company Name \_\_\_\_\_ Date \_\_\_\_\_  
 DBA Name (if applicable) \_\_\_\_\_ County \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Contact \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_  
 EMail Address \_\_\_\_\_ Web Site \_\_\_\_\_ Fax \_\_\_\_\_  
 Accountant Name \_\_\_\_\_ EMail \_\_\_\_\_ Phone \_\_\_\_\_

Structure:       Corporation or S-Corp       Partnership       LLC       Non-Profit  
                    Sole Proprietorship       Government       LLP       Tax Exempt

State of Incorporation \_\_\_\_\_ Date of Incorporation \_\_\_\_\_ Federal Tax ID/SSN \_\_\_\_\_

Business description \_\_\_\_\_ Time in Business \_\_\_\_\_

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

- Judgments (attach details)       Lawsuits or Claims (attach details)
- A/R, Tax, or Other Liens (attach details)       Bankruptcy (attach details)

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

- Outstanding Loans or Lines of Credit (outstanding amount \$ \_\_\_\_\_) Lender Name \_\_\_\_\_
- 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



If yes, please list with whom:		
Is there a return policy? Please explain the policy:		

**Funding Information**

What amount is being requested? \_\_\_\_\_

Please describe the urgency of the requested funding: \_\_\_\_\_

\_\_\_\_\_

Is the funding to be utilized solely for the purposes for this business?     Yes     No

Additional Comments: \_\_\_\_\_

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*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. (Other documents may also be requested.)*

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