

# Goodman Factors, Ltd.

3010 LBJ Freeway #140 Dallas, Texas 75234

Phone: (972) 241-3297 Fax: (972) 243-6285

## PROSPECTIVE CLIENT INFORMATION

APPLICANT'S NAME (COMPANY NAME): \_\_\_\_\_

TRADESTYLE NAME(S): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NO.: \_\_\_\_\_  
Street City State County Zip  
FAX NO.: \_\_\_\_\_ FED. TAX ID: \_\_\_\_\_

TYPE: CORPORATION \_\_\_\_\_ STATE OF \_\_\_\_\_; PROPRIETORSHIP \_\_\_\_\_; OR PARTNERSHIP \_\_\_\_\_

DATE ESTABLISHED: \_\_\_\_\_

PRESIDENT OR PRINCIPAL: \_\_\_\_\_ DRIVER LICENSE NO. \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME TELEPHONE NUMBER: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

TITLE: \_\_\_\_\_ % OWNED: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

VICE PRESIDENT OR PARTNER: \_\_\_\_\_ DRIVER LICENSE NO. \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME TELEPHONE NUMBER: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

TITLE: \_\_\_\_\_ % OWNED: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

SECRETARY OR PARTNER: \_\_\_\_\_ DRIVER LICENSE NO. \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME TELEPHONE NUMBER: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

TITLE: \_\_\_\_\_ % OWNED: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

CHECK ONE: MANUFACTURER \_\_\_\_\_ WHOLESALE \_\_\_\_\_ OTHER \_\_\_\_\_

PRODUCT: \_\_\_\_\_ describe

YEARLY SALES: \$ \_\_\_\_\_ OF WHICH WE WILL FACTOR APPROXIMATELY \$ \_\_\_\_\_

GROSS PROFIT MARGIN (%): \_\_\_\_\_ TERMS OF SALE: \_\_\_\_\_

AVERAGE COLLECTION PERIOD OF A/R (DAYS): \_\_\_\_\_ AVERAGE INVOICE AMOUNT: \_\_\_\_\_

TOTAL RECEIVABLES OUTSTANDING \$ \_\_\_\_\_ 1-30: \_\_\_\_\_ 31-60: \_\_\_\_\_ 60+: \_\_\_\_\_

TOTAL BILLINGS DURING LAST 30 DAYS: \$ \_\_\_\_\_ DURING LAST 12 MONTHS: \$ \_\_\_\_\_

NUMBER OF ACTIVE CUSTOMERS: \_\_\_\_\_ DOES YOUR COMPANY OBTAIN PURCHASE ORDERS? \_\_\_\_\_

MOST ACTIVE ACCOUNTS (SUBMIT SEPARATE LIST OF NAMES, ADDRESSES, AND PHONE NUMBERS)

CONTRA ACCOUNTS (CUSTOMERS YOU MAY ALSO BUY FROM): \_\_\_\_\_

NAME OF BANK: \_\_\_\_\_ NAME OF BANK OFFICER: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ANY UNSECURED LINES OF CREDIT: \_\_\_\_\_

SECURED LINES: \_\_\_\_\_ ANY PREVIOUS RECORD OF FACTORING? \_\_\_\_\_

NAMES OF PREVIOUS FACTORS: \_\_\_\_\_

PURPOSE OF CONTEMPLATING FACTORING: \_\_\_\_\_

ARE RECEIVABLES OR INVENTORY PLEDGED AS COLLATERAL? YES: \_\_\_\_\_ NO: \_\_\_\_\_

IF YES, TO WHICH LENDER? \_\_\_\_\_

NAME: \_\_\_\_\_ CONTACT: \_\_\_\_\_ PHONE#: \_\_\_\_\_

ANY PENDING LITIGATION AGAINST THE OWNER(S)/OFFICER(S) OR COMPANY? YES: \_\_\_\_\_ NO: \_\_\_\_\_

ANY JUDGEMENTS OUTSTANDING? YES: \_\_\_\_\_ NO: \_\_\_\_\_

ANY FEDERAL OR STATE TAX LIENS? YES: \_\_\_\_\_ NO: \_\_\_\_\_

ANY OWNER(S)/OFFICER(S) OR COMPANY EVER FILED FOR BANKRUPTCY PROTECTION? YES: \_\_\_\_\_ NO: \_\_\_\_\_

ANY SUIT(S) FILED AGAINST COMPANY? YES: \_\_\_\_\_ NO: \_\_\_\_\_

IF A YES ANSWER TO ANY OF THE ABOVE QUESTIONS PLEASE EXPLAIN FULLY IN THE FOLLOWING SPACE.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HOW DID YOU HEAR ABOUT GOODMAN FACTORS? \_\_\_\_\_

NAME OF SOMEONE (NOT IN YOUR HOUSEHOLD) WHO CAN ALWAYS REACH YOU:

Name	Address	
City	State	Phone Number

The statements made herein and all information in all documents provided herewith are true and correct and the Applicant(s) understands that Goodman Factors, Ltd. intends to rely thereon in determining whether to enter in a financing relationship.

Applicant hereby authorizes its suppliers, customers, accountants, attorneys, employees and credit agencies to provide Goodman Factors, Ltd. any information about the Applicant and or its Officer(s) and its affairs, finances and accounts as Goodman Factors, Ltd. or its employees may request. A copy of this authorization may be accepted as if it were an original.

Applicant: _____	Applicant: _____
By: _____	By: _____
Print Name: _____	Print Name: _____
Title: _____	Title: _____
Date: _____	Date: _____

# Goodman Factors, Ltd.

***The following is a list of items required in order for us to evaluate prospective clients. These items may be faxed:***

- 1) COPY OF CERTIFICATE OF INCORPORATION, IF INCORPORATED, OR SEE (2).
- 2) ASSUMED NAME CERTIFICATE IF A PROPRIETORSHIP OR PARTNERSHIP (SOME STATES CALL THIS A FICTITIOUS NAME CERTIFICATE). THIS IS USUALLY FILED WITH THE COUNTY. IF YOU HAVE NEVER FILED FOR AN ASSUMED NAME, CONTACT THE OFFICE OF YOUR COUNTY.
- 3) COPY OF AN INVOICE WHICH INCLUDES NORMAL SELLING TERMS (NET 30, NET 10 EOM, ETC.).
- 4) IF A CORPORATION: LIST OF CORPORATE OFFICERS AND PERCENT OF STOCK OWNED BY EACH. BE SURE TO INDICATE THE SECRETARY OF THE CORPORATION.
- 5) CURRENT FINANCIAL STATEMENTS DATED AND SIGNED.
- 6) PARTIAL LIST OF CUSTOMERS (THOSE WHICH MAY OWE OVER \$1,000), AND THE APPROXIMATE AMOUNT OF CREDIT REQUIRED BY EACH. PLEASE GIVE COMPLETE ADDRESSES AND PHONE NUMBERS.
- 7) "PROSPECTIVE CLIENT INFORMATION" SHEET COMPLETED (FORM ATTACHED).
- 8) IF A PARTNERSHIP: COPY OF PARTNERSHIP AGREEMENT.
- 9) COPIES OF ANY CONTRACTS THAT MIGHT RESULT IN FACTORED INVOICES.

***If your method of operation is as a Motor Freight Carrier, Cartage Company please include the following:***

- 10) COPIES OF ALL OPERATING AUTHORITIES.
- 11) COPIES OF ALL INSURANCE BINDERS (CARGO AND PL/PD).

PLEASE CALL JESSIE VALDIVIA AT EXTENSION #226 IF YOU HAVE ANY QUESTIONS.

3010 LBJ Freeway Suite 140, Dallas, Texas 75234  
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