



NEW CLIENT APPLICATION

COMPANY INFORMATION

Business Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Fax Number: _____

Cell Phone Number: _____ Email Address: _____

State of Incorporation: _____ Tax ID Number: _____

Type of Business: _____ Corporation__ LLC__ Sole Proprietor__

Drivers License # _____ State: _____ Expiration _____

How did you hear about Treasure Valley Factors? _____

OWNERS / OFFICERS OF THE COMPANY

Name: _____

Name: _____

Position: _____

Position: _____

% of Ownership: _____

% of Ownership: _____

Address: _____

Address _____

Phone _____

Phone _____

Phone _____

Phone _____

Email _____

Email _____

ACCOUNTS RECEIVABLE

Current A/R Balance: _____ Monthly Sales: _____

Have you ever factored before:YES NO

Average Invoice Size: _____ Number of Active Customers: _____

Sales Terms: _____

BACKGROUND INFORMATION

How long have you been in business? _____ Years _____ Months

Do you use a payroll service?YES NO

Are there past due State or Federal Taxes?YES NO

Has a lien been filed against the business or owners?YES NO

Are there payment plans in place?YES NO

Has the company or any of the owners ever filed for bankruptcy? ...YES NO

Is the current A/R pledged as collateral to another third party?YES NO

- Applicant(s) understands that this information will be used to determine whether or not to enter into a factoring agreement and applicant(s) authorizes Treasure Valley Factors, LLC to do so.
- Applicant(s) understands that by filling out this form that Treasure Valley Factors, LLC has not made or implied a commitment to enter into a factoring agreement.
- Applicant(s) hereby authorizes its suppliers, customers, and lenders to provide Treasure Valley Factors, LLC with information on the applicant(s) business, finances, and accounts.
- Applicant(s) authorizes Treasure Valley Factors, LLC to inspect applicant(s) property, books, and records in good faith in connection with the factoring application.
- Applicant(s) understands that an individual credit check may be used in the evaluation of this account and further checks may be needed from time to time.

Applicant Signature:

Applicant Signature:

Applicant Printed Name:

Applicant Printed Name:

Title:

Title:

Date:

Date:

Submit new client application to
support@treasurevalleyfactors.com
 or fax to 1-888-777-9538
 PO Box 890
 Fruitland, ID 83619
 Tel: 1.888.777.9881