

# Application to Enter into a Security Agreement with Factoring Company

Corporation  Partnership Business Name:

\_\_\_\_\_  Sole Proprietorship Trade Names (DBA):

\_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Street Address:

\_\_\_\_\_ Fax: ( ) \_\_\_\_\_ City:

\_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ E-mail

Address: \_\_\_\_\_ Website Address: \_\_\_\_\_ Date

Established: \_\_\_\_\_ Does Company Own Real Property? Yes  No

Type of Business: \_\_\_\_\_

Additional business addresses, if doing business in other locations: \_\_\_\_\_

## Principals

1.  **PRESIDENT** Name: \_\_\_\_\_ Drivers License #: \_\_\_\_\_

**SOLE PROPRIETOR** Home Street Address: \_\_\_\_\_ Own  Rent

**SENIOR PARTNER** City, Province, Postal Code: \_\_\_\_\_ %

**OWNED** \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_ SIN#: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Y MD

2.  **SECRETARY** Name: \_\_\_\_\_ Drivers License #: \_\_\_\_\_

**OTHER PARTNER** Home Street Address: \_\_\_\_\_ Own  Rent

City, Province, Postal Code: \_\_\_\_\_ % **OWNED**

\_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_ SIN#: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Y MD

3.  **OTHER OFFICER** Name: \_\_\_\_\_ Drivers License #: \_\_\_\_\_

**SHAREHOLDER** Home Street Address: \_\_\_\_\_ Own  Rent

**PARTNER** City, Province, Postal Code: \_\_\_\_\_ % **OWNED**

\_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_ SIN#: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Y MD

4.  **OTHER OFFICER** Name: \_\_\_\_\_ Drivers License #: \_\_\_\_\_

**SHAREHOLDER** Home Street Address: \_\_\_\_\_ Own  Rent

**PARTNER** City, Province, Postal Code: \_\_\_\_\_ % **OWNED**

\_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_ SIN#: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Y MD

# Support Information

5. Accountant: \_\_\_\_\_ Firm: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_
6. Lawyer: \_\_\_\_\_ Firm: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_
7. Insurance Agent: \_\_\_\_\_ Firm: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

# Principal Suppliers

8. Names of Principal Suppliers Product Supplied Phone Number a. \_\_\_\_\_  
\_\_\_\_\_ ( ) \_\_\_\_\_  
b. \_\_\_\_\_ ( ) \_\_\_\_\_  
c. \_\_\_\_\_ ( ) \_\_\_\_\_
9. Are you presently leasing your business space? Yes  No  Period of Lease: \_\_\_\_\_
10. Name of Landlord and/or Management Company: \_\_\_\_\_
11. Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_
12. Phone Number: ( ) \_\_\_\_\_ Monthly Rental Amount: \_\_\_\_\_

# Banking Information

## BUSINESS CHEQUING ACCOUNT

13. Name of Bank: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_
14. Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_
15. Account Number: \_\_\_\_\_ Date Opened: \_\_\_\_/\_\_\_\_/\_\_\_\_ Bank Contact: \_\_\_\_\_  
YMD

## BUSINESS LOAN ACCOUNT

16. Name of Financial Institution: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_
17. Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_
18. How Long with Institution?: \_\_\_\_\_ Loan Amount: \_\_\_\_\_ Collateral: \_\_\_\_\_

**PERSONAL ACCOUNT OF:**  **President**  **Proprietor**  **Partner Name of Partner** \_\_\_\_\_

19. Name of Bank: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_
20. Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_
21. Chequing Account Number: \_\_\_\_\_ Date Account Opened: \_\_\_\_/\_\_\_\_/\_\_\_\_  
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# Tax Information

22. Revenue Canada Business #: \_\_\_\_\_ W.S.I.B. #: \_\_\_\_\_
23. How often do you remit Payroll Deductions?  Weekly  Semi-monthly  Monthly Number of Employees: \_\_\_\_\_
24. Do you have any Federal or Provincial Taxes past due?  Yes  No If yes, has lien been filed?  Yes  No
25. If yes, please list type, (i.e., payroll, income, GST, PST, etc.) quarter/year and amounts: \_\_\_\_\_

# Receivable Information

26. What is the purpose of the funds to be generated from factoring? \_\_\_\_\_
27. Dollar Amount of Receivables Now Open: \_\_\_\_\_ Average Monthly Sales: \_\_\_\_\_
28. Approximate Number of Customers: \_\_\_\_\_ Terms of Sale: \_\_\_\_\_
29. Amount you intend to factor on a monthly basis: \_\_\_\_\_ Maximum anticipated factoring volume: \_\_\_\_\_
30. Have you factored/financed before? Yes  No  If yes, with what company have you /are you factoring? \_\_\_\_\_
31. Are receivables pledged as collateral? Yes  No  If yes, pledged to whom? \_\_\_\_\_
32. Any other Commercial Loans / Leases Outstanding? Yes  No  If yes, please list on the back of this application.
33. How did you find out about TaxPro Canada? \_\_\_\_\_

I / We have been told and do understand that the submission of an application for financing with Factors does not guarantee that Factors will factor or provide any financial services whatsoever. I / We further have been told and do understand that approval to factor may come only after the manager of Factor approves said application and the invoices / accounts offered are approved in accordance with the terms of Factors' Security Agreement.

The above statements are true and accurate to the best of my information and belief. This serves as my permission for the release of any information regarding this application to Factor for the purpose of credit investigation. The undersigned hereby consents to Factor collecting personal information including his/her personal credit report. Signed: \_\_\_\_\_

Dated: \_\_\_\_\_ Print Name and Title: \_\_\_\_\_

\_\_\_\_\_  
Signed:

\_\_\_\_\_  
Dated: \_\_\_\_\_ Print

Name and Title: \_\_\_\_\_

# Support Documentation

## INFORMATION NEEDED BY FACTOR TO EVALUATE THE APPLICATION PRIOR TO ENTERING INTO AN ACCOUNTS RECEIVABLE FACTORING PROGRAM:

- 1 Copy of Trade Name Registration and/or Articles of Incorporation or Partnership Agreement where applicable. **If incorporated, please also provide a copy of Minutes showing current President and Corporate Secretary** \_\_\_\_\_
- 2 Most Recent Financial Statement \_\_\_\_\_
- 3 Most Recent Income Tax Return \_\_\_\_\_
- 4 Copy of last T4 Summary and proof of payment of last three months' Payroll Deduction Remittances \_\_\_\_\_
- 5 Master Customer List complete with Customer names, Addresses and Phone Numbers \_\_\_\_\_
- 6 Accounts Receivable Aging \_\_\_\_\_
- 7 Accounts Payable Aging \_\_\_\_\_
- 8 Copy of the Invoices you wish to finance. Include Purchase Orders and Proof of Delivery for each invoice. \_\_\_\_\_

## Additional Information for Trucking Firms

1. Copy of Provincial Trucking Authorities and of U.S. Authorities where applicable \_\_\_\_\_
2. Proof of Insurance (Copy of Operating Insurance Certificate) \_\_\_\_\_

## Additional Notes

