



Marathon Financial

6351 Owensmouth Avenue, #207
Woodland Hills • CA • 91367
Ph: 818-715-0571
Fax: 818-715-0879

CLIENT PROFILE

Full Legal Name of Business: _____
 Other Names under which we do Business (i.e. dba's): _____ Prior Business Names(s) used in Past 5 Yrs: _____
 Contact: _____ Title: _____ Phone: _____ Fax Number: _____
 Present Address: _____ City: _____ County: _____ State: _____ Zip: _____
 How long at above address: _____ Name of Landlord: _____ Phone Number: () _____
 Corporation: Partnership: Individual: LLC: Other: _____ Number of Employees: _____
 Years that business has operated: _____ Date of Incorporation: _____ State of Incorporation: _____ Federal Tax ID: _____
 Bank Name: _____ Branch Designation: _____ Address: _____ Phone: _____
 Briefly describe your business: _____

Indicate if any of the following apply to the Applicant: (Check all those applicable)

Bank credit line/loan Liens Lawsuits Judgments Back Taxes SBA Loan
 None of the above applies (if yes please provide details) _____

Accounts Receivable Balances: 1-30 days \$ _____ 31-60 days \$ _____ 61-90 days \$ _____ Total: \$ _____
 Average Monthly Sales: _____ Terms of Sale: _____ Avg. days receivables outstanding _____ Avg. Invoice size _____
 Amount you intend to factor on a monthly basis: \$ _____
 How will you benefit from factoring your accounts receivable? _____
 How soon do you need to start factoring? _____
 Have you ever factored your receivables? No Yes If Yes, with whom? _____

PLEASE PROVIDE A COPY OF YOUR MOST RECENT ACCOUNTS RECEIVABLE AGING REPORT

Please List up to 4 Customers You May Wish to Factor (Note: Customers will NOT be initially contacted)

<u>Company Name</u>	<u>City, State</u>	<u>Average Monthly Sales</u>	<u>Outstanding Balance</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<u>Officer Name/Title</u>	<u>Home Address, City, State, Zip</u>	<u>Home Phone No.</u>	<u>Soc. Sec. #</u>	<u>Date of Birth</u>	<u>% Owned</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

I/We attest that all information provided to Marathon Financial (MF) is true and correct to the best of my/our knowledge, and is given to induce MF to consider entering into a factoring or lending relationship with the Applicant. I/we do hereby authorize MF or its agents to verify and investigate at any time the information provided including the obtaining of credit reports. A photocopy or facsimile of this authorization will be as valid as the original.

Important!

All owners of 25% or more of the business must please sign below

Signed: _____ Title: _____ Print Name: _____ Dated: _____
 Signed: _____ Title: _____ Print Name: _____ Dated: _____
 Signed: _____ Title: _____ Print Name: _____ Dated: _____

FOR PROMPT PROCESSING, PLEASE DON'T FORGET TO FAX A COPY OF YOUR LATEST ACCOUNTS RECEIVABLE AGING REPORT!

“Funding When You Need It Most!” 1-800-647-0850

Fax back to 818-715-0879 for a no-obligation quote.