

Application to Enter into a Security Agreement with J D Factors

Business Name:			☐ Corporation ☐ Partnership	
Trade Names (DBA):		Phoi	ne: ()	
Street Address:		Fax:	()	
City:		Province:	Postal Code:	
E-mail Address:		Website Address:		
Date Established:		Does Company Own Real Pr	roperty? Yes 🗌 No 🗌	
Type of Business:				
Additional business addr	esses, if doing business in other location	ons:		
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:/_	/_ M D
2. SECRETARY	Name:	Driver	s License #:	
☐ OTHER PARTNER	Home Street Address:		Own 🗌	Rent 🔲
	City, Province, Postal Code:			
% OWNED	Home Phone: ()	SIN#:	Date of Birth:/_	/
3.	Name:	Driver:	s License #:	
☐ SHAREHOLDER	Home Street Address:		Own 🗔	Rent 🔲
☐ PARTNER	City, Province, Postal Code:			
% OWNED	Home Phone: ()	SIN#:	Date of Birth:/_	/_ M D
4. OTHER OFFICER	Name:	Driver:	s License #:	
☐ SHAREHOLDER	Home Street Address:		Own 🗔	Rent 🔲
☐ PARTNER	City, Province, Postal Code:			
% OWNED	Home Phone: ()	SIN#:	Date of Birth:/_	/_

Support Information					
5. Accountant:	Firm: _		Phone	:: ()	
Street Address:	City:	Pro	vince: I	Postal Code:	
6. Lawyer:	Firm: _		Phone	:: ()	
Street Address:	City:	Pro	vince: I	Postal Code:	
7. Insurance Agent:	Firm:		Phone	:: ()	
Street Address:	City:	Pro	vince: F	Postal Code:	
Principal Suppliers					
8. Names of Principal Suppliers		Product Supplied	d Ph	none 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: _	/ / / Y M D	Bank Contact:		
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 P	artner		
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 No If yes, with what company have you /are you factoring? ______ If yes, pledged to whom? ____ 31. Are receivables pledged as collateral? Yes \(\square\) No \(\square\) 32. Any other Commercial Loans / Leases Outstanding? Yes \(\subseteq \) No \(\subseteq \) If yes, please list on the back of this application. 33. How did you find out about J D Factors? I / We have been told and do understand that the submission of an application for financing with J D Factors does not guarantee that J D 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 J D Factors approves said application and the invoices / accounts offered are approved in accordance with the terms of J D 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 J D Factors for the purpose of credit investigation. The undersigned hereby consents to J D Factors collecting personal information including his/her personal credit report. Signed: Dated: Print Name and Title: Dated:

Print Name and Title:

Support Documentation

INFORMATION NEEDED BY J D FACTORS 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.	7. Accounts Payable Aging				
8.	Copy of the Invoices you wish to finance. Include Purchase Orders and Proof of Delivery for each invoice.				
	Copy of Provincial Trucking Authorities and of U.S. Authorities where applicable				
	dditional Information for Trucking Firms				
	Copy of Provincial Trucking Authorities and of U.S. Authorities where applicable				
2.	Proof of Insurance (Copy of Operating Insurance Certificate)	🗆			
A	dditional Notes				

