

CLIENT APPLICATION

Dear Client:

Thanks for your interest in working with us. Please fill out the **two page tabs** of Seller's and Buyer's information of this Application and send it via e-mail to: info@cvcredit.com. CV Credit will treat the information by you provided as confidential.



Date: _____

Business Information

Your Company Name: _____ d/b/a: _____
 Years in business: _____ Tax ID: _____
 Nature of Business: _____
 Street Address: _____ City / County: _____
 State: _____ Zip Code: _____ Country: _____
 Phone: _____ Fax: _____
 Email: _____ Web Site: _____
 Contact Name / Title: _____ Tel/Cel: _____
 Secretary Name: _____ Tel/Cel: _____
 President Name: _____ Tel/Cel: _____

Your Clients Information

→ [CLICK HERE](#) ←

Ownership / Management

Shareholder Name	I.D.	Type of I.D. (Passport, DL, etc)	Shares %	Title	Citizenship

→ [IF MORE CLICK HERE](#) ←
NOTE: If one or more shareholders listed above is a corporation please Click on the Owners Tab

Financial Request

How did you find us? _____ Contact at CV Credit: _____
 Average monthly sales: _____ In how many clients? _____
 Percentage you wish to factor: _____ Number of Clients to factor? _____
 Have you ever factored your receivables? Yes/No: _____ If yes, with whom: _____
 Do you have a credit insurance policy? Yes/No: _____ If yes, with whom: _____
 Do you have any outstanding loans? Yes/No: _____ Amount: _____ With whom: _____
 Do you have any UCC Filings? Yes/No: _____ If yes, with whom: _____
 Has applicant or any entity in which applicant is an owner/partner ever declared bankruptcy? Yes/No: _____
 Does the applicant or any entity in which the applicant is an owner/partner owe any taxes that are past due? Yes/No: _____
 Does the applicant or any entity in which the applicant is an owner/partner has any lawsuits pending? Yes/No: _____

Bank Information

Account Name (Beneficiary Name): _____ Acct No.: _____
 Beneficiary Address: _____ ABA: _____
 Bank Name: _____ Account Officer: _____
 Bank Address: _____ Tel: _____

Certification, Authorization and Signature

The Applicant certifies that the statement made on this application and the other information provided with this application are true and complete. CV Credit is authorized to do any necessary credit or background check and to make all inquiries it deems necessary to verify accuracy and determine the Applicant's creditworthiness.

Approved and Agreed Yes/No: _____ Applicant's authorized signature: _____
 Name: _____
 Title: _____

CVCredit Inc.
Buyer's Information Sheet

FIRST PAGE

Date: _____

#	Buyer's Full Legal Name	Contact Name / Title	Street Address	City	State	Zip Code	Country	Telephone Number	Fax Number	Web Site	Years as Client	Terms of Sale (Days)	Estimated Monthly Sales	Average Invoice Amount	Credit Limit Request	Average (%) Credits or Deductions	% of total Sales of your Company
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2																	
3																	
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Please submit your request via e-mail to: info@cvcrcedit.com

