



# PURCHASE ORDER / FACTORING PROFILE

Business Name: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Address (Street): \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_  
 Type of Business: \_\_\_\_\_ Age of Business: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Business Structure:  Corporation  Partnership  Sole Proprietorship  LLC  
 Date Established: \_\_\_\_\_ State of Incorporation: \_\_\_\_\_ Date of Incorporation: \_\_\_\_\_  
 Federal Tax ID: \_\_\_\_\_ Business Description: \_\_\_\_\_

Principal Full Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 % Ownership: \_\_\_\_\_ Home Phone: \_\_\_\_\_ SSN: \_\_\_\_\_

Home Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_  Own  Rent Annual Income: \$ \_\_\_\_\_

Principal Full Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 % Ownership: \_\_\_\_\_ Home Phone: \_\_\_\_\_ SSN: \_\_\_\_\_

Home Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_  Own  Rent Annual Income: \$ \_\_\_\_\_

Principal Full Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 % Ownership: \_\_\_\_\_ Home Phone: \_\_\_\_\_ SSN: \_\_\_\_\_

Home Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_  Own  Rent Annual Income: \$ \_\_\_\_\_

### List companies requesting products:

Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_  
 Monthly Sales: \$ \_\_\_\_\_ Average Invoice Amount: \$ \_\_\_\_\_ Phone: \_\_\_\_\_

Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_  
 Monthly Sales: \$ \_\_\_\_\_ Average Invoice Amount: \$ \_\_\_\_\_ Phone: \_\_\_\_\_

(USE PAGE 2 TO LIST ADDITIONAL COMPANIES REQUESTING PRODUCTS)

**List companies requesting products (continued):**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Monthly Sales: \$ \_\_\_\_\_ Average Invoice Amount: \$ \_\_\_\_\_ Phone: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Monthly Sales: \$ \_\_\_\_\_ Average Invoice Amount: \$ \_\_\_\_\_ Phone: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Monthly Sales: \$ \_\_\_\_\_ Average Invoice Amount: \$ \_\_\_\_\_ Phone: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Monthly Sales: \$ \_\_\_\_\_ Average Invoice Amount: \$ \_\_\_\_\_ Phone: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Monthly Sales: \$ \_\_\_\_\_ Average Invoice Amount: \$ \_\_\_\_\_ Phone: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Monthly Sales: \$ \_\_\_\_\_ Average Invoice Amount: \$ \_\_\_\_\_ Phone: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Monthly Sales: \$ \_\_\_\_\_ Average Invoice Amount: \$ \_\_\_\_\_ Phone: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Monthly Sales: \$ \_\_\_\_\_ Average Invoice Amount: \$ \_\_\_\_\_ Phone: \_\_\_\_\_

**List 5 largest customers you wish to factor:**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Monthly Sales: \$ \_\_\_\_\_ Average Invoice Amount: \$ \_\_\_\_\_ Phone: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Monthly Sales: \$ \_\_\_\_\_ Average Invoice Amount: \$ \_\_\_\_\_ Phone: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Monthly Sales: \$ \_\_\_\_\_ Average Invoice Amount: \$ \_\_\_\_\_ Phone: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Monthly Sales: \$ \_\_\_\_\_ Average Invoice Amount: \$ \_\_\_\_\_ Phone: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Monthly Sales: \$ \_\_\_\_\_ Average Invoice Amount: \$ \_\_\_\_\_ Phone: \_\_\_\_\_

What is your average monthly sales volume? \$ \_\_\_\_\_

How much of your average monthly billing do you wish to factor? \_\_\_\_\_%

Have you ever factored your receivables?  Yes  No If yes, with whom: \_\_\_\_\_

Check box the boxes you have:  Judgments  Liens  Back taxes  Lawsuits

Does your company have any outstanding loans?  Yes  No If yes, with whom: \_\_\_\_\_

Balance Owed: \$ \_\_\_\_\_ Are receivables pledged as collateral?  Yes  No

I, \_\_\_\_\_, HEREBY AUTHORIZE MY BUSINESS FINANCIAL CONSULTANT, RISING BIRD, INC TO SUBMIT MY INFORMATION TO FINANCIAL COMPANIES PERTAINING TO MY CREDIT AND FINANCIAL RESPONSIBILITIES.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE