



Application to Enter into a Security Agreement

Note: Accurate and complete information is key to avoid delays in funding.

CONTACT INFORMATION		
FINANCIAL CONTACT PERSON:		
BUSINESS NAME:		
STREET ADDRESS / CITY / PROVINCE:		
POSTAL CODE:	PHONE:	FAX:
EMAIL:	WEBSITE:	
ADDITIONAL BUSINESS ADDRESSES, IF MULTIPLE LOCATION / OTHER RELATED COMPANIES:		

COMPANY INFORMATION	
TYPE OF COMPANY APPLYING FOR FACTORING: _____ CORPORATION _____ PARTNERSHIP _____ SOLE PROPRIETORSHIP	
DATE ESTABLISHED:	TYPE OF BUSINESS:
DOES COMPANY OWN REAL PROPERTY? _____ YES _____ NO	
ARE YOU PRESENTLY LEASING YOUR OPERATING LOCATION(S)? _____ YES _____ NO	
IF YES, TERM OF LEASE: _____ MONTHLY RENT: _____	
NAME OF LANDLORD / MGMT COMPANY: _____	
CONTACT INFORMATION: _____	

COMPANY INFORMATION: Principals (Please attach schedule if more than 3)		
NAME:		
POSITION TITLE:		
% OF OWNERSHIP:	SIN:	
DATE OF BIRTH:	BANKRUPTICIES PAST OR PENDING?	
DRIVER'S LICENSE:	OWN / LEASE PERSONAL RESIDENCE?	
STREET ADDRESS (HOME):		
POSTAL CODE:	PHONE:	FAX:
EMAIL:		

NAME:		
POSITION TITLE:		
% OF OWNERSHIP:		SIN:
DATE OF BIRTH:		BANKRUPTICIES PAST OR PENDING?
DRIVER'S LICENSE:		OWN / LEASE PERSONAL RESIDENCE?
STREET ADDRESS (HOME):		
POSTAL CODE:	PHONE:	FAX:
EMAIL:		

NAME:		
POSITION TITLE:		
% OF OWNERSHIP:		SIN:
DATE OF BIRTH:		BANKRUPTICIES PAST OR PENDING?
DRIVER'S LICENSE:		OWN / LEASE PERSONAL RESIDENCE?
STREET ADDRESS (HOME):		
POSTAL CODE:	PHONE:	FAX:
EMAIL:		

COMPANY INFORMATION: Supporting Agencies		
ACCOUNTANT:		
FIRM:		
PHONE:	EMAIL:	
LAWYER:		
FIRM:	LEGAL DISPUTES?	
PHONE:	EMAIL:	
INSURANCE AGENT:		
FIRM:		
PHONE:	EMAIL:	

COMPANY INFORMATION: Suppliers		
FIRM:		
PRODUCTS SUPPLIED:		
HOME CITY / PROVINCE:	PHONE:	EMAIL:
FIRM:		
PRODUCTS SUPPLIED:		
HOME CITY / PROVINCE:	PHONE:	EMAIL:
FIRM:		
PRODUCTS SUPPLIED:		
HOME CITY / PROVINCE:	PHONE:	EMAIL:

COMPANY INFORMATION: Financial		
PRIMARY BANK:		
STREET ADDRESS:		
POSTAL CODE:	PHONE:	FAX:
TYPE OF ACCOUNT:	ACCOUNT NUMBER:	
DATE OPENED:	BANK REPRESENTATIVE:	

COMPANY INFORMATION: Taxation	
REVENUE CANADA BUSINESS NUMBER:	
W.S.I.B. # (FOR ONTARIO CORPORATIONS):	
NUMBER OF EMPLOYEES:	PAYROLL DEDUCTIONS REMITTING SCHEDULE IS: <input type="checkbox"/> Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly
PLEASE LIST TYPE OF TAXES PAST DUE IF APPLICABLE (PAYROLL, INCOME, GST, etc), THE QUARTER / YEAR OF OCCURANCE AND AMOUNTS:	
ARREARS IN:	
RENT?	YES _____ NO _____ HOW MUCH? _____ SINCE? _____
EQUIPMENT?	YES _____ NO _____ HOW MUCH? _____ SINCE? _____
COMPUTERS?	YES _____ NO _____ HOW MUCH? _____ SINCE? _____
SOURCE DEDUCTIONS?	YES _____ NO _____ HOW MUCH? _____ SINCE? _____
WCB?	YES _____ NO _____ HOW MUCH? _____ SINCE? _____
GST?	YES _____ NO _____ HOW MUCH? _____ SINCE? _____
PST?	YES _____ NO _____ HOW MUCH? _____ SINCE? _____
CORPORATE TAX (T4 SUMMARY)? YES _____ NO _____ HOW MUCH? _____ SINCE? _____	
BUSINESS CONSENT FILED OUT? YES _____ NO _____	

COMPANY INFORMATION: Receivables	
DOLLAR AMOUNT OF RECEIVABLES NOW OPEN:	AVERAGE MONTHLY SALES:
APPROX. # OF CUSTOMERS:	TERMS OF SALE:
AMOUNT YOU INTEND TO FACTOR (MONTHLY):	MAX. ANTICIPATED FACTORING VOLUME:
SALES INFORMATION – LAST 3 MONTHS:	SALES FORECAST – NEXT 6 MONTHS:
USE OF FACTORED FUNDS:	
HAVE YOU FACTORED BEFORE? YES _____ NO _____ IF YES, WITH WHOM?	
ARE RECEIVABLES PLEDGED AS COLLATERAL? YES _____ NO _____ IF YES, WITH WHOM?	
DO YOU HAVE ANY OTHER COMMERCIAL LOANS / LEASES OUTSTANDING?	
YES _____ NO _____ IF YES, WITH WHOM?	

~ Rest of this page is intentionally left blank. ~

I / We have been told and do understand that the submission of an application for financing with iFactor does not guarantee that iFactor will factor or provide any financial services.

I / We further have been told and do understand that approval to factor may come only after the advisors of iFactor approve said application and the invoices / accounts offered are approved in accordance with the terms of iFactor's Security Agreements.

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 iFactor for the purpose of credit investigation and this information gathering shall not be considered a breach of any non-disclosure agreements or confidentiality. This consent is given pursuant to Section 12 of the Personal Reporting Act R.S.B.C. 1979.

The undersigned hereby consents to iFactor and/or its assigns collecting personal information which may include personal credit reports.

Signed:

Signed:

Dated:

Dated:

Print Name and Title:

Print Name and Title:

Application to Enter into a Security Agreement

The following information is needed by iFactor to evaluate your application prior to entering into an accounts receivable financing program:

iFactor complies with FOIP and will not release your information to any third party without your written consent as contained in this form, and for no other reason than approval of your application.

All client accounts are kept confidential and are not accessible to anyone other than iFactor staff and approved financiers.

Copy of Trade name Registration, Articles of Incorporation or Partnership Agreements

Master customer list complete with customer names, addresses and phone numbers

Current detailed Accounts Receivable and Payable Aging Summaries

Last available externally produced financials

Copy of last GST, PST, WCB, Source Deductions and T4 Summary Filed

Copy of Drivers License

Company Void cheque

Copies of invoices for funding

Trucking firms only:

Copy of provincial trucking authorities and of U.S. authorities where applicable

Proof of insurance (copy of operating insurance certificate)