



Annex No. 02 FACTOR Identification sheet

1. Applicant Information

Company:		
Address:		
City:	State:	Zip:
Phone:	Fax:	E-Mail:
Legal Form:		
Capital:		
Date of Establishment:		

2. Who are your main clients?

Client Name	FOR PAST 12 MONTHS		PROJECTED FOR NEXT 12 MONTHS		
	Total Factored Invoices Show total invoices for the past 12 months	Credit Terms Open Account 30 days, 60 days, 90 days, etc.	Total Factored Invoices Include invoices to both existing and new debtors	Credit Terms Open Account 30 days, 60 days, 90 days, etc.	Invoices Projected highest total A/R exposure in each country at any one time
	\$		\$		\$
	\$		\$		\$
	\$		\$		\$
	\$		\$		\$
	\$		\$		\$
ALL OTHERS	\$		\$		\$
TOTALS	\$	X	\$	X	\$

3. Your factoring business:

A. Domestic

FOR PAST 12 MONTHS		PROJECTED FOR NEXT 12 MONTHS	
Total Factored Invoices Show total invoices for the past 12 months	Credit Terms Open Account 30 days, 60 days, 90 days, etc.	Total Factored Invoices Include invoices to both existing and new debtors	Credit Terms Open Account 30 days, 60 days, 90 days, etc.
\$		\$	\$

B. International

Country Top ten by projected factored invoices volume, plus one figure for all others	FOR PAST 12 MONTHS		PROJECTED FOR NEXT 12 MONTHS		
	Total Factored Invoices Show total invoices for the past 12 months	Credit Terms Open Account 30 days, 60 days, 90 days, etc.	Total Factored Invoices Include invoices to both existing and new debtors	Credit Terms Open Account 30 days, 60 days, 90 days, etc.	Invoices Projected highest total A/R exposure in each country at any one time
	\$		\$		\$
	\$		\$		\$
	\$		\$		\$
	\$		\$		\$
	\$		\$		\$
	\$		\$		\$
	\$		\$		\$
	\$		\$		\$
	\$		\$		\$
	\$		\$		\$
	\$		\$		\$
ALL OTHERS	\$		\$		\$
TOTALS	\$		\$		\$

4. Largest debtors

A. Domestic

<u>COMPLETE NAME</u>	<u>COMPLETE ADDRESS</u>	PHONE AND FAX NUMBERS	REQUESTED CREDIT LIMIT
			\$
			\$
			\$
			\$
			\$

B. International

<u>COMPLETE NAME</u>	<u>COMPLETE ADDRESS</u>	PHONE AND FAX NUMBERS	REQUESTED CREDIT LIMIT
			\$
			\$
			\$
			\$

5. Additional Debtors

In addition to the debtors listed above, approximately how many more debtors do you have?					
Approximately how many of these additional debtors will require credit limits at any one time:					
	Up to \$ 25,000?		\$ 75,001 - \$ 100,000?		\$ 500,001 - \$ 750,000?
	\$ 25,001 - \$ 50,000?		\$ 100,001 - \$ 250,000?		\$ 750,001 - \$ 1,000,000?
	\$ 50,001 - \$ 75,000?		\$ 250,001 - \$ 500,000?		\$ 1,000,001 or higher?

6. Types of Debtors

Domestic:		International:	
<input type="checkbox"/> Manufactures		<input type="checkbox"/> Manufactures	
<input type="checkbox"/> Distributors		<input type="checkbox"/> Distributors	
<input type="checkbox"/> Government		<input type="checkbox"/> Government	
<input type="checkbox"/> Other, specify:		<input type="checkbox"/> Other, specify:	

7. Factored Invoices

Total factored invoices outstanding as of application date: \$ _____, aged as follows:					
\$	\$	\$	\$	\$	\$
Current	1-30 Days Past-Due	31-60 Days Past-Due	61-90 Days Past-Due	91-180 Days Past-Due	Over 180 Days Past-Due

(Attach explanations for accounts over 60 days past-due including debtors, country, reason, and likely repayment)

8. Factored Invoices Loss History

Year	Number of Losses	Total of losses	Largest Single Loss	Explanation for Largest Loss
		\$	\$	
		\$	\$	

		\$	\$	
		\$	\$	

9. Credit worthiness evaluation of new debtors

Would you specify the supports used in assessing a new debtor credit worthiness?

- | | |
|---|----------------------------|
| <input type="checkbox"/> Credit Reports | Names of agencies used? |
| <input type="checkbox"/> Financial Statements | Which ratios are analyzed? |
| <input type="checkbox"/> Trade References | Guidelines for evaluation? |
| <input type="checkbox"/> Bank References | Guidelines for evaluation? |
| <input type="checkbox"/> Personal Visits | What do you look for? |
| <input type="checkbox"/> Other Sources | |

10. Are there any clients and/or debtors or any of their owners, partners, or shareholders affiliated to your company? Yes No

If yes, please specify:

11. Factoring decision makers

How many years has your company been in business?	Years	
Which positions in your company make factoring decisions?		
Combined years of domestic factoring experience for these individuals?	Years	
Combined years of international factoring experience?	Years	
Can anyone else overrule these individuals' decisions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How often are factored invoices aging reports generated?		
Do the same individuals as above review these reports?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

12. Collection Procedures

Telephone Calls		Days Past-Due	Legal Action		Days Past-Due
Written Payment Demands		Days Past-Due	Collection Agency		Days Past-Due
Stop Shipments		Days Past-Due	Other Actions (explain)		Days Past-Due

13. To which factoring association is your company affiliated?

14. Credit Insurance

Has your company ever had or applied for credit insurance? Yes No

If your answer is "yes", state the name of the insurer:

Notice: information submitted in this application will be treated as confidential. Submission of this application does not bind the applicant or DHAMAN as long as an insurance policy is not signed. If a policy is issued, this application will be an integral part of the insurance contract. The applicant certifies that the information provided in this application is true to the best of its knowledge and belief, and that no material facts have been omitted.

Date

Signature

Name

Title

Company