

Customer Information Form

(Please submit this form when factoring a customer for the first time)

Your Company: _____

Your Name: _____

Make copies of this form as needed.

Please supply the following to G-R Funding, if available/applicable:

- Credit Application - completed by customer
- Current Customer Aging - showing current open invoices and age
- Customer Payment History - from your accounting showing paid invoices dates and pay dates
- Customer Credit Information – some customers provide a credit info and reference sheet
- Credit Bureau Report – D&B, Experion or any other reports you have on customer

Customer Information Any Vendor ID# this customer has assigned to you: _____

Name: _____

Address: _____ City: _____ St: _____ Zip: _____

Billing Addr: _____ City: _____ St: _____ Zip: _____

Tel: () _____ Fax: () _____ Web/Other _____

Contact Personnel (Give title such as owner, purchasing, supervisor, accounts payable, etc. and their direct tel. # and ext. and any additional info)

Name: _____ -(title, #'s, info): _____

Name: _____ -(title, #'s, info): _____

Additional contact info:

How long have you had this customer? _____ yrs. _____ mos. New

(If customer is new, please answer questions below based on expectation rather than experience)

Average invoice size? \$ _____ Average monthly volume? \$ _____

Terms Offered? _____

(Additional questions for existing customers)

Average time taken to pay? _____

Ever any problems receiving payment? _____

Billing Procedure/Instructions for this customer (be specific, do you mail, fax or deliver invoice? To where or Whom? Any supporting documentation required or provided? Signatures obtained?)

Additional Comments/Recommendations for this customer: _____
