



IG Financial Group

Comprehensive and Innovative Financing Solutions

604-1281 West Cordova Street, Vancouver, British Columbia, Canada V6C 3R5

Tel: (604) 801-6638

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www.igfc.ca

IG Financial Group Factoring Application

1. Business Name: _____

2. Street Address: _____ Phone: (____) _____ Fax: (____) _____

3. City: _____ Province: _____ Postal Code: _____

4. Date Established: _____ Does Company Own Real Property? ___Yes ___No

5. If doing business in more than one place, list additional addresses: _____

6. Type of Business: _____

7. Email Address: _____



8. ___ **PRESIDENT** Name: _____ Drivers License #: _____

___ **SOLE PROPRIETOR** Home Street Address: _____ ___Own ___Rent

___ **SENIOR PARTNER** City, Prov., Code: _____

% OWNED _____ Home Phone: (____) _____ S.I.N.#: _____ DOB: _____
(YY / MM / DD)

9. ___ **SECRETARY** Name: _____ Drivers License #: _____

___ **OTHER PARTNER** Home Street Address: _____ ___Own ___Rent

City, Prov., Code: _____

% OWNED _____ Home Phone: (____) _____ S.I.N.#: _____ DOB: _____
(YY / MM / DD)

10. ___ **OTHER OFFICER** Name: _____ Drivers License #: _____

___ **SHAREHOLDER** Home Street Address: _____ ___Own ___Rent

___ **PARTNER** City, Prov., Code: _____

% OWNED _____ Home Phone: (____) _____ S.I.N.#: _____ DOB: _____
(YY / MM / DD)

11. ___ **OTHER OFFICER** Name: _____ Drivers License #: _____

___ **SHAREHOLDER** Home Street Address: _____ ___Own ___Rent

___ **PARTNER** City, Prov., Code: _____

% OWNED _____ Home Phone: (____) _____ S.I.N.#: _____ DOB: _____
(YY / MM / DD)

SUPPORT INFORMATION

12. Name of Accountant: _____ Firm: _____ Phone: (____) _____
Street Address: _____ City: _____ Prov.: _____ Postal Code: _____
13. Name of Attorney: _____ Firm: _____ Phone: (____) _____
Street Address: _____ City: _____ Prov.: _____ Postal Code: _____
14. Name of Insurance Agent: _____ Firm: _____ Phone: (____) _____
Street Address: _____ City: _____ Prov.: _____ Postal Code: _____

TAX INFORMATION

15. Revenue Canada Business #: _____ Workers Compensation #: _____
16. How often do you file Payroll Deductions: ___Weekly ___Semi-Monthly ___Monthly Number of Employees: _____
17. Do you have any Federal or Provincial Taxes past due? ___Yes ___No If yes, has lien been filed? ___Yes ___No
18. If yes to #17, please list type, (e.g.: payroll, income, GST, PST, etc.) quarter / year and amounts: _____

BANKING INFORMATION

BUSINESS CHECKING ACCOUNT

19. Name of Bank: _____ Date Acct. Opened: _____
20. Street Address: _____ City: _____ Prov.: _____ Postal Code: _____
21. Account Number: _____ Bank Contact: _____ Phone: (____) _____

BUSINESS LOAN ACCOUNT

22. Name of Financial Institution: _____ Phone: (____) _____
23. Street Address: _____ City: _____ Prov.: _____ Postal Code: _____
24. Date Acct. Opened: _____ Loan Amount: _____ Collateral: _____

PERSONAL ACCOUNT OF:

___President ___Proprietor ___Partner Name of Partner: _____

25. Name of Bank: _____ Date Acct. Opened: _____
26. Street Address: _____ City: _____ Prov.: _____ Postal Code: _____
27. Chequing Account Number: _____ Bank Contact: _____ Phone: (____) _____

SUPPLIER INFORMATION

28. NAMES OF PRINCIPAL SUPPLIERS PRODUCT SUPPLIED PHONE NUMBER
- A. _____ () _____
- B. _____ () _____
- C. _____ () _____
29. Are you presently leasing your business space? ___Yes ___No Period of Present Lease: _____
30. Name of Landlord and/or Management Company: _____
31. Street Address: _____ City: _____ Prov.: _____ Postal Code: _____
32. Telephone Number: () _____ Monthly Rental Amount: _____

RECEIVABLE INFORMATION

33. What is the purpose of the funds being generated from factoring/financing? _____

34. Dollar Amount of Receivables Now Open: _____ Average Monthly Sales: _____
35. Approximate Number of Customers: _____ Terms of Sale: _____
36. Amount you intend to factor / finance on a monthly basis: _____ Maximum anticipated factoring volume: _____
37. Have factored / financed before? ___Yes ___No
If yes, with what company have you / are you factoring / financing? _____
38. Are receivables pledged as collateral? ___Yes ___No If yes, pledged to whom? _____
39. Any other Commercial Loans/Leases Outstanding? ___Yes ___No If yes, please list on the back of this application.
40. How did you find out about **IG FINANCIAL GROUP**? _____

I/We have been told and do understand that the submission of an application for financing with IG Financial Group and/or its assigns, designated underwriters and funding partners (hereinafter collectively "IGFC") does not mean that IGFC will factor/finance or provide any financial services whatsoever.

I/We further have been told and do understand that approval for factor may come only after the management of IGFC approves said application and the invoices / accounts offered are approved in accordance with the terms of IGFC's Security Agreement.

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 the application to IGFC for the purposes of credit investigation.

The undersigned hereby consents to IGFC collecting personal information including his/her personal credit report.

Signed: _____ Dated: _____, 20____

Print Name and Title: _____

SUPPORT DOCUMENTATION

INFORMATION NEEDED BY IG FINANCIAL GROUP TO DETERMINE THE FEASIBILITY OF ENTERING INTO AN ACCOUNTS RECEIVABLE PROGRAM:

1. Copy of Trade Name Registration and/or Articles of Incorporation or Partnership Agreement where applicable.
If Incorporated, please also provide a copy of Minutes showing current President and Secretary. _____ []
2. Most Recent Financial Statement _____ []
3. Most Recent Income Tax Return _____ []
4. Copy of last T4 Summary and proof of payment of last 3 month's Payroll Deduction Remittances. _____ []
5. Master Customer List complete with Customer Names, Addresses and Phone Numbers _____ []
6. Accounts Receivable Aging _____ []
7. Accounts Payable Aging _____ []
8. Copy of the Invoices you wish to finance. Include Purchase Order and/or Proof of Delivery for each invoice. _____ []

ADDITIONAL INFORMATION FOR TRUCKING FIRMS

1. Copy of Provincial Trucking Authorities and of U.S. Motor Carrier Authority where applicable. _____ []
2. Proof of Insurance (Copy of Operating Insurance Certificate) _____ []

NOTES



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CASH FLOW MANAGEMENT SOLUTIONS SINCE 1990