



Tel: 604.597.7840
Fax: 604.597.7841
admin@philmarkcapital.com
www.philmarkcapital.com

**APPLICATION FOR ACCOUNTS RECEIVABLE
FACTORING PROGRAMS**

Business Name: _____ Established: _____
Address: _____ City: _____ Postal Code: _____
Tel: _____ Fax: _____ Cell / Pager: _____
website: _____ e-mail: _____
Type of Business: _____ Corporation _____ Partnership _____ Individual _____
Incorporation No.: _____ Incorporation Date: _____ BN# _____
Previous / Other Business Names within the last five years: _____

Owners or Officers

Name: _____ Title: _____
Home Address: _____ City, Postal Code: _____
Rent or Owned: _____ Home Telephone: _____
D/L #: _____ SIN: _____ D.O.B: _____

Name: _____ Title: _____
Home Address: _____ City, Postal Code: _____
Rent or Owned: _____ Home Telephone: _____
D/L #: _____ SIN: _____ D.O.B: _____

Banking Information

Bank Name: _____ Branch: _____
Address: _____ Tel: _____ Fax : _____
Account Number: _____ Account Manager: _____
Line of Credit Amount: _____ Other Borrowings: _____
Security: _____

Professional Advisors

Lawyers: _____ Address: _____

City, Postal Code: _____ Tel: _____ Fax : _____

Accountant: _____ Address: _____

City, Postal Code: _____ Tel: _____ Fax : _____

Year-end for Financial Statements: _____ (Current Statements Attached)

Principal Suppliers

Name: _____ Address: _____

City, Postal Code: _____ Phone / Fax #: _____

Line of Credit: _____ Contact Person: _____

Name: _____ Address: _____

City, Postal Code: _____ Phone / Fax #: _____

Line of Credit: _____ Contact Person: _____

Other Financial Information:

Have you pledged or assigned your accounts receivable to any other party? Yes / No

If yes, please provide details: _____

Do you prepare monthly financial statements: Yes / No

If yes, please attach latest month income statements and balance sheet with a listing of aged accounts receivable and accounts payable.

Please specify your tax situation regarding Revenue Canada.(CCRA) amount(s) owing.

GST _____ PST _____ Employee / Personal Deductions _____

I certify that the above information is correct and accurate and authorize PHILMARK CAPITAL CORPORATION to make such inquiries now and from time to time hereafter to various credit reporting agencies, reference companies, trade suppliers and professional advisors as it considers necessary in connection with this application.

(Signature)

Date