



J D Factors

J D Factors Corporation
315 Matheson Blvd. East
Mississauga, Ontario L4Z 1X8
Phone: (905) 501-5000 / Toll-Free: (800) 263-0664
Toll-Free Fax: (800) 939-2305

APPLICATION TO ENTER INTO A
FACTORING/SECURITY AGREEMENT WITH J D FACTORS

Business Name: _____
Trade Name(s) (DBA) _____ Phone: () _____
Street Address: _____ Fax: () _____
City: _____ Province: _____ Postal: _____
Primary Contact: _____ Title: _____ Cell: () _____
Email: _____ Website: _____
Date Established: _____ Does Company Own Real Property? Yes [] No []
Type of Business: _____ Trucking, how many trucks? _____
How did you find out about J D Factors? _____

PRINCIPALS

1. [] PRESIDENT Name: _____ Drivers License #: _____
[] SOLE PROPRIETOR Home Street Address: _____ Own [] Rent []
[] SENIOR PARTNER City, Prov., Postal: _____
% OWNED _____ Home Phone: () _____ SIN#: _____ DOB: _____
2. [] SECRETARY Name: _____ Drivers License #: _____
[] OTHER OFFICER Home Street Address: _____ Own [] Rent []
[] OTHER PARTNER City, Prov., Postal: _____
% OWNED _____ Home Phone: () _____ SIN#: _____ DOB: _____
3. [] OTHER OFFICER Name: _____ Drivers License #: _____
[] SHAREHOLDER Home Street Address: _____ Own [] Rent []
[] PARTNER City, Prov., Postal: _____
% OWNED _____ Home Phone: () _____ SIN#: _____ DOB: _____

SUPPORT INFORMATION

4. Name of Accountant: _____ Firm: _____ Phone: (____) _____

Street Address: _____ City/Prov.: _____ Postal: _____

5. Name of Insurance Agent: _____ Firm: _____ Phone: (____) _____

Street Address: _____ City/Prov.: _____ Postal: _____

6. Names of Principal Suppliers Product Supplied Phone Number

a. _____ (____) _____

b. _____ (____) _____

c. _____ (____) _____

7. Are you presently leasing your business space? Yes No Period of Present Lease: _____

8. Name of Landlord and/or Management Company: _____

Street Address: _____ City/Prov.: _____ Postal: _____

Phone Number: (____) _____ Monthly Rental: _____

BANKING INFORMATION

BUSINESS BANK ACCOUNT

9. Name of Bank: _____ Date Acct. Opened: _____

Street Address: _____ City/Prov.: _____ Postal: _____

Account Number: _____ Name of Bank Officer: _____ Phone: (____) _____

BUSINESS LOAN OR LINE OF CREDIT ACCOUNT

10. Name of Financial Institution: _____ Date Acct. Opened: _____

Street Address: _____ City/Prov.: _____ Postal: _____

Account Number: _____ Name of Bank Officer: _____ Phone: (____) _____

11. **OTHER LOANS OR LINE OF CREDIT:** _____

TAX INFORMATION

12. Revenue Canada ID Number: _____ Number of Employees: _____

13. How often do you file Employment Payroll Taxes: Weekly Monthly Quarterly Annually

14. Do you have any Taxes past due? Yes No If yes, has lien been filed? Yes No

If yes, please list type, quarter/year and amounts: _____

15. Are you WSIB/WCB compliant? Yes No Provide # _____

ACCOUNTS RECEIVABLE INFORMATION

16. Amount of receivables now open: _____ Average monthly sales: _____
17. Number of active customers: _____ Terms of sale: _____
18. Amount you intend to factor monthly? _____ Maximum anticipated factoring volume: _____
19. Have you factored/financed before? Yes ___ No ___ If yes, with what company, and when? _____
20. Are receivables pledged as collateral? Yes ___ No ___ If yes, pledged to whom? _____

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

I/We further have been told and do understand that approval to factor may come only after the manager of J D Factors approves said application and the invoices/accounts offered are approved in accordance with the terms of J D Factors' 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 this application to J D Factors for the purpose of credit investigation.

The undersigned hereby consents to J D Factors collecting personal information including his/her personal credit report.

Principal #1

Principal #2

Principal #3

Signed: _____ Signed: _____ Signed: _____

Dated: _____ Dated: _____ Dated: _____

Print Name: _____ Print Name: _____ Print Name: _____

Title: _____ Title: _____ Title: _____

SUPPORT DOCUMENTATION

INFORMATION NEEDED BY J D FACTORS TO EVALUATE THE APPLICATION PRIOR TO ENTERING INTO AN ACCOUNTS RECEIVABLE FACTORING PROGRAM:

1. Copy of Trade Name Registration and/or Articles of Incorporation (showing legal business name and identities of corporate President and Secretary) and/or copy of Partnership Agreement where applicable _____
2. Most Recent Financial Statements (plus internal/interim statements) _____
3. Accounts Receivable Aging _____
4. Accounts Payable Aging _____
5. Most Recent Income Tax Return _____
6. Copies of T4 Summary and Payroll Deduction Remittances for last 3 months, plus proof of payments _____
7. Complete Customer List with Customer Names, Addresses and Phone Numbers _____
8. Copy of the Invoices you wish to factor. Include Purchase Orders and Proof of Delivery for each invoice. _____
9. Proof of Insurance (Copy of Operating Insurance Certificate/Binder) _____

**PLEASE FAX COMPLETED AND SIGNED APPLICATION
AND SUPPORT DOCUMENTS TO (800) 939-2305**