

DATE: \_\_\_\_\_

**CLIENT INFORMATION SHEET**

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

PRESIDENT: \_\_\_\_\_ DIRECT #: \_\_\_\_\_

HOW REFERRED: \_\_\_\_\_

MAIN PHONE NUMBER: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

CELL NUMBER: \_\_\_\_\_

HOME NUMBER: \_\_\_\_\_

OTHER NUMBER: \_\_\_\_\_

E-MAIL ADDRESS(S) \_\_\_\_\_

WEB SITE: \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_

YEARS IN BUSINESS: \_\_\_\_\_

ANNUAL SALES (ACTUAL): \_\_\_\_\_ PROJECTED: \_\_\_\_\_

AMOUNT OF RECEIVABLES  
NOW AVAILABLE: \_\_\_\_\_ 90 +: \_\_\_\_\_

AVG. INVOICE AMOUNT: \_\_\_\_\_ PROGRESS BILLING: \_\_\_yes \_\_\_no

OTHER COLLATERAL  
SPECIFY TYPE AND VALUE: \_\_\_\_\_

ANY LOANS OUTSTANDING: \_\_\_\_\_yes \_\_\_\_\_no      Amount: \_\_\_\_\_

LENDER: \_\_\_\_\_ HOW ARE THEY SECURED: \_\_\_\_\_

TAX LIEN? \_\_\_\_\_yes \_\_\_\_\_no      Amount: \_\_\_\_\_

Names of 5 Largest Customers:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_