



FACTORING ENQUIRY FORM

Referred by:	Date: / /
Business name:	
Address (inc postcode):	Telephone:
Contact name:	Mobile:
E-mail address:	Position:
Nature of business:	Website:
Turnover last year: £	Trading:Years Months
Projected: £	Projected: £
Credit notes issued (in last 12 months): £	Number of invoices per month:
Bad debt written off (in last 12 months): £	VAT up to date: Y / N PAYE up to date: Y / N
Normal credit terms: Days	Current factoring arrangement & terms:
Bankers:	Bank facilities provided:
Debenture held by bank:Yes No	Current sales ledger balance: £
Number of live customers:	Type of customers:
Homeowner:Yes No	Copies may be required of the following: <input checked="" type="checkbox"/>
Additional comments:	Sales ledger
	Purchase ledger
	3 months bank statements
	Management & audited accounts (latest set)
E-mail sent: / /	Meeting booked / / Time