



**Leland**  
Capital Advisors LLC

Leland Capital Advisors LLC  
2800 Island Blvd, Suite 1801  
Aventura, FL 33160

305-433-3152 - Tel  
305-675-8511 - Fax



## **Production & Trade Financing**

*Forward Funding*

**[www.lcafunding.com](http://www.lcafunding.com)**

(305) 209-8780 · [info@lcafunding.com](mailto:info@lcafunding.com)



Prospect Application

COMPANY INFORMATION

Legal Name of Company listed on Articles of Incorporation: \_\_\_\_\_

DBA, if applicable: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Country: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_/\_\_\_\_-\_\_\_\_ Fax: \_\_\_\_/\_\_\_\_-\_\_\_\_ Cell: \_\_\_\_/\_\_\_\_-\_\_\_\_ Website: \_\_\_\_\_

Company is a:  Corporation  Partnership  Proprietorship  LLC

Federal Tax ID#: \_\_\_\_\_

Please list any prior companies or other names used over the past five years: \_\_\_\_\_

Please list States of Executive Offices/Headquarters over the last ten (10) years: \_\_\_\_\_

Date business started: \_\_\_\_\_ Number of years under same ownership: \_\_\_\_\_ State of Incorporation: \_\_\_\_\_

Monthly Sales: \$ \_\_\_\_\_ Amount to Finance: \$ \_\_\_\_\_ # of Customers: \_\_\_\_\_ Sales Terms: \_\_\_\_\_

Nature of business: \_\_\_\_\_

Are there any judgments or liens filed against you, any company principals or the corporation?  Yes  No

If yes, please explain: \_\_\_\_\_

CURRENT FINANCING

Do you have any outstanding loans or lines of credit?  Yes  No If yes, please explain: \_\_\_\_\_

Lender / Funder	Balance	Collateral	Contact/Phone
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever financed or factored any of your receivables?  Yes  No

If yes, with whom? \_\_\_\_\_

Are you currently with them?  Yes  No Current amount open: \$ \_\_\_\_\_

Are you still submitting invoices?  Yes  No Please list any other types or sources of financing below: \_\_\_\_\_

**BANKING INFORMATION**

Name of Bank: \_\_\_\_\_ Date Account Opened: \_\_\_\_\_ Number of Accounts: \_\_\_\_\_  
Business Checking Account Number: \_\_\_\_\_ Do you maintain a separate payroll account:  Yes  No  
Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_/ \_\_\_\_-\_\_\_\_ Fax: \_\_\_\_/ \_\_\_\_-\_\_\_\_

**TAX INFORMATION**

Do you utilize a payroll and/or PEO service?  Yes  No If yes, please list name: \_\_\_\_\_  
How often do you file 941 payroll taxes?  Weekly  Monthly  Quarterly  Annually  
Are your Federal/State payroll taxes current?  Yes  No If no, please list type, amount & quarters delinquent:  
\_\_\_\_\_  
Have any tax liens been filed?  Yes  No Are you currently obligated to any installment Agreements?  Yes  No  
Are the Officers and/or Principals delinquent in any tax obligations?  Yes  No If yes, please explain below:  
\_\_\_\_\_  
Do you collect Any State / Local Sales Taxes for goods or services?  Yes  No  
If yes, are you current on your tax remittances?  Yes  No  
If no, please explain: \_\_\_\_\_

**PROFESSIONAL REFERENCES**

Attorney: \_\_\_\_\_ Phone: \_\_\_\_/ \_\_\_\_-\_\_\_\_  
Accountant: \_\_\_\_\_ Phone: \_\_\_\_/ \_\_\_\_-\_\_\_\_  
How did you hear of Leland Capital Advisors? \_\_\_\_\_

**CUSTOMER INFORMATION**

Please list your company's largest customers:  
Company Name: \_\_\_\_\_ Phone: \_\_\_\_/ \_\_\_\_-\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Monthly Sales: \$ \_\_\_\_\_ Average invoice amount: \$ \_\_\_\_\_  
Company Name: \_\_\_\_\_ Phone: \_\_\_\_/ \_\_\_\_-\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Monthly Sales: \$ \_\_\_\_\_ Average invoice amount: \$ \_\_\_\_\_  
Company Name: \_\_\_\_\_ Phone: \_\_\_\_/ \_\_\_\_-\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Monthly Sales: \$ \_\_\_\_\_ Average invoice amount: \$ \_\_\_\_\_  
Do you provide any goods and/or services on a contra basis?  Yes  No If yes, please list below:  
\_\_\_\_\_  
Do you provide any goods and/or services under any contracts or vendor agreements?  Yes  No  
If yes, please list: \_\_\_\_\_  
\_\_\_\_\_

Terms offered by suppliers (check all applicable):

Pre-pay  Deposit  COD

Terms: \_\_\_\_\_

Do your suppliers require a Letter of Credit?  Yes  No

Do you require inspection prior to shipment of finished goods?  Yes  No

What documents accompany product shipments? (check all applicable)

Bill of Lading  Packing Slip  Proof of Delivery  Freight Forwarder/Customs Information

Do you provide value add?  Yes  No If yes, please explain: \_\_\_\_\_

**COST OF GOODS SOLD**

\_\_\_\_\_ % Product Hard Costs \_\_\_\_\_ % Duty / Freight Costs \_\_\_\_\_ % Production Cost \_\_\_\_\_ % Warehouse Cost  
 \_\_\_\_\_ % Total Cost of Goods Sold

**TRANSACTION TIMELINE**

Day	Event
1	Order received from customer
	Product / Material ordered from supplier
	Letter of credit issued / payment due (if applicable)
	Product / material shipped by supplier
	Product / material received at warehouse (if warehouse independent Yes No)
	Processing of inventory into finished product, warehousing or distribution or any other value added
	Shipment of product to customer
	Invoice generated and sent to customer
	<b>Total number of days</b>
	Funding by receivables lender (if applicable)
	Payment received by customer

**SUPPLIERS**

Please list your suppliers:

Company Name: \_\_\_\_\_

Phone: \_\_\_\_/ \_\_\_\_-\_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Company Name: \_\_\_\_\_

Phone: \_\_\_\_/ \_\_\_\_-\_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Company Name: \_\_\_\_\_

Phone: \_\_\_\_/ \_\_\_\_-\_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Company Name: \_\_\_\_\_

Phone: \_\_\_\_/ \_\_\_\_-\_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Company Name: \_\_\_\_\_

Phone: \_\_\_\_/ \_\_\_\_-\_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

**OFFICER / PRINCIPAL INFORMATION**

Full Name: \_\_\_\_\_ Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Title: \_\_\_\_\_ Ownership%: \_\_\_\_\_ Have you declared bankruptcy in the last 10 years?  Yes  No

Full Name: \_\_\_\_\_ Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Title: \_\_\_\_\_ Ownership%: \_\_\_\_\_ Have you declared bankruptcy in the last 10 years?  Yes  No

Full Name: \_\_\_\_\_ Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Title: \_\_\_\_\_ Ownership%: \_\_\_\_\_ Have you declared bankruptcy in the last 10 years?  Yes  No**SUPPORT DOCUMENTATION**

The following additional information is needed by Leland Capital Advisors to determine the feasibility of extending a financing facility to your company. Please include with your completed application:

- **Accounts Receivable summary listing invoices from invoice date (please provide up-to-date information)**
- **Accounts Payable summary (please provide up-to-date information)**
- **Most recent financial statements (if available) and in detailed format**
- **Sample invoice or billing form(s)**
- **2-3 sample purchase orders issued to your company**
- **Supplier quotes supporting the above mentioned P.O's**
- **Last 3 months of corporate bank statements**
- **Last 2 years of corporate tax returns**

**ACKNOWLEDGEMENT**

The foregoing information is true and correct to the best of my knowledge and is given to Leland Capital Advisors LLC for the express purpose of determining the feasibility of obtaining financing. I hereby do authorize eland Capital Advisors LLC or its agents, assigns, lenders, lessors or funding sources to verify and investigate any an all of the foregoing statements, including but not limited to, my/our creditworthiness and financial responsibility, in any way they may choose. I/We grant Leland Capital Advisors LLC, the right to procure any and all credit reports pertaining to any party listed in this application, but not limited to, all principals of the applicant company. By my signature below, I am duly authorized and exclusively authorized by the parties listed above to grant this permission.

**Prepared And Consented by:**

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

## FAX COVER SHEET

 **Let's move forward!**

---

Date: \_\_\_\_\_

To: \_\_\_\_\_

From: \_\_\_\_\_

Return via Fax to 305-675-8511 or via Email to [info@lcafunding.com](mailto:info@lcafunding.com)

In order to process your request in a timely manner, please forward the following additional items along with your completed account set-up form.

### CHECKLIST

- \_\_\_\_\_ Accounts Receivable summary listing invoices from invoice date (please provide up-to-date information)
- \_\_\_\_\_ Accounts Payable summary (please provide up-to-date information)
- \_\_\_\_\_ Most recent financial statements (if available) and in detailed format
- \_\_\_\_\_ Sample invoice or billing form(s)
- \_\_\_\_\_ 2-3 sample purchase orders issued to your company
- \_\_\_\_\_ Supplier quotes supporting the above mentioned P.O's
- \_\_\_\_\_ Last 3 months of corporate bank statements
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