

Please Print
Fill and Fax to
216-504-1002



Prospect Information Form

Date _____

Broker Name JOE DE MADET

Phone # 786-416-7119

Prospect Information:

Company Name _____

Address _____

Contact Name _____ Title _____

Phone # _____ Cell # _____

Email _____

State of Organization _____

What does the prospect's company do?

Top Three Customers (with Addresses):

1. _____

2. _____

3. _____

What is the prospect's monthly billing amount? _____

How much in sales do you plan to factor per month? _____

On average, how many days does it take for the prospect to collect on invoices? _____ days

If possible, can you present an accounts receivable aging report for the prospect? _____