

# INFINITY FINANCIAL LLC

## Organization

## Client Profile Form

EXACT LEGAL COMPANY NAME		D/B/A (IF APPLIC)
ADDRESS		EMAIL ADDRESS
CITY, STATE, ZIP		PHONE
CONTACT NAME		FAX
COUNTY	<input type="checkbox"/> CORP <input type="checkbox"/> LLC <input type="checkbox"/> PTNRSHIP <input type="checkbox"/> SOLE PROP	
STATE OF REGISTRATION	WHEN REGISTERED	TAX ID # (MANDATORY)
BUSINESS DESCRIPTION		

## Officers - Business Information

PRESIDENT	VICE PRES.
ACCOUNTANT	PHONE
ATTORNEY	PHONE

## Receivable & Contract Information

AVERAGE SIZE OF INVOICE	ESTIMATED MONTHLY BILLING AMOUNT?
ARE COMPANY TAXES UP TO DATE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, HOW MUCH DUE?	PAYMENT PLAN IN PLACE? <input type="checkbox"/> YES <input type="checkbox"/> NO
ARE RECEIVABLES PLEDGED AS SECURITY ELSEWHERE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, WITH WHOM?	

The Undersigned warrants that the above information is true and correct. All information and documentation will be held in the strictest confidence and will not be used for any other purpose other than to determine eligibility for funding.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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

**In order to receive a NO OBLIGATION proposal please submit a current accounts receivable aging report and this completed client profile form via fax to: Lenny Leff — 480-393-5226 or via email to: [lleff@infinicap.com](mailto:lleff@infinicap.com)**



11 Grace Ave. Suite 102

Great Neck NY 11021

*Questions?? Call 1-866-754-9080 x 101*