

COMPANY _____

DATE _____



FACTORIZING COMPANY *checklist*

| | | MEETS NEEDS | DOES NOT MEET NEEDS | NOTES |
|----|----------------------------------|--------------------------|--------------------------|-------|
| 01 | Years in Business | <input type="checkbox"/> | <input type="checkbox"/> | |
| 02 | Funding Availability That Scales | <input type="checkbox"/> | <input type="checkbox"/> | |
| 03 | Factoring Rate | <input type="checkbox"/> | <input type="checkbox"/> | |
| 04 | Factoring Advance Rate | <input type="checkbox"/> | <input type="checkbox"/> | |
| 05 | Minimum Requirements | <input type="checkbox"/> | <input type="checkbox"/> | |
| 06 | Speed of Payment | <input type="checkbox"/> | <input type="checkbox"/> | |
| 07 | Recourse / Non-Recourse Options | <input type="checkbox"/> | <input type="checkbox"/> | |
| 08 | Back-Office Services Available | <input type="checkbox"/> | <input type="checkbox"/> | |
| 09 | Industry-Specific Experience | <input type="checkbox"/> | <input type="checkbox"/> | |
| 10 | Reputation | <input type="checkbox"/> | <input type="checkbox"/> | |
| 11 | Customer Service and Support | <input type="checkbox"/> | <input type="checkbox"/> | |
| 12 | Communication | <input type="checkbox"/> | <input type="checkbox"/> | |

ADDITIONAL NOTES
