
Name of Applicant

Provide the percentage of your firm's gross revenue from the last fiscal period attributable to the following:

| | | |
|----------------|---------------------|--------------------------------|
| Collections | _____ Percentage | TOTAL should equal 100% |
| Credit Reports | _____ Percentage | |

Provide the percentage of your firm's procedures used to collect funds from the last fiscal period attributable to the following:

| | | |
|----------------------------------|---------------------|--------------------------------|
| Letters | _____ Percentage | TOTAL should equal 100% |
| Telephone Calls | _____ Percentage | |
| Personal Contact | _____ Percentage | |
| Institution of Legal Proceedings | _____ Percentage | |
| Other _____ Describe | _____ Percentage | |

Collections:

Provide the percentage of your firm's gross revenue from the last fiscal period attributable to the following:

| | |
|---|------------------------|
| Percentage of successful collection per month | _____ Percentage |
| Average size of debts collection | _____ Dollar Amount |
| Maximum amount of debt collection | _____ Dollar Amount |
| Percentage of collections through legal proceedings | _____ Percentage |

Credit Reports:

Provide the percentage of your firm's reports from the last fiscal period attributable to the following:

| | | |
|--|---------------------|--------------------------------|
| Consumer payment habits for credit grantors | _____ Percentage | TOTAL should equal 100% |
| Investigative reports for employers' | _____ Percentage | |
| Investigative reports for insurance companies' | _____ Percentage | |
| Financial reports on business enterprises | _____ Percentage | |
| Other _____ Describe | _____ Percentage | |

Does your firm represent the clients in legal proceedings?

Yes No

If Yes, please provide full description.

Does your firm provide services for any clients in which a principal, partner, officer or employee of your firm is also a principal, partner, officer, employee or a more than 3% shareholder of said client?

Yes No

If yes please provide:

Client Name

Relationship with client

Approximate Annual revenue generated from client

Were more than 50% of your total gross billing for any one year derived from a single client or contract?

Yes No

If yes please provide:

Client Name

Relationship with client

How long do you expect this relationship to continue?

Do you provide professional services in which you retain an ownership interest?

Yes No

If Yes, please provide full.

Do you utilize the services of independent contractors or sub-consultants?

Yes No

Approximate percentage of billing attributable to sub-contractors/consultants?

Percentage

Are all sub-contractors and consultants required to show proof of General Liability and Professional Liability coverage's showing you as an additional insured?

Yes No

If yes, what limits?

Print Name and Title

Signature of Applicant or Authorized Representative

DATE: DDMMYY