

AB FINANCE
BROKER INFORMATION FORM

GENERAL INFORMATION

NAME _____

BUSINESS NAME _____

BUSINESS _____

ADDRESS _____

PHONE _____ FAX _____

CELL: _____ EMAIL: _____

SOCIAL SECURITY NO. _____

FEDERAL TAX ID NO. _____

HOW LONG IN BUSINESS? _____

DO YOU SPECIALIZE IN ANY PARTICULAR INDUSTRY? IF YES, DESCRIBE

HOW DID YOU HEAR ABOUT AB FINANCE, INC.?

ADDITIONAL SERVICES YOU BROKER (FACTORING, VENTURE CAPITOL, ETC.)

