

# Amerifund Capital Group, LLC.

## Customer Information Form

Name of your company: **YOUR COMPANY NAME**

customer name: \_\_\_\_\_ duns No \_\_\_\_\_

street: \_\_\_\_\_

city, state zip: \_\_\_\_\_

contact: \_\_\_\_\_

phone #: \_\_\_\_\_ fax #: \_\_\_\_\_

credit offered last 12 months: \$ \_\_\_\_\_

average size of invoices: \$ \_\_\_\_\_

comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_