Print Form

COMPASS
FUNDING SOLUTIONS

Client No:_____

SCHEDULE OF ACCOUNTS

Date/Time_____

(BRING THIS FORM TOGETHER WITH YOUR INVOICES)

This is to certify that the parties named bellows are indebted to the undersigned in the sums set opposite their respective names, for merchandise sold and delivered on for work and labor done and accepted

COMPAS FUNDING SOLUTIONS USE ONLY	DEBTOR NAME	INVOICE NUMBER	DATE	REFERANCE PO NUMBER	INVOICE AMOUNT	

DO NOT WRITE IN THIS BOX - COMPASS FUNDING USE ONLY

CHECK NO		TOTAL		
CHACK DATE		FEE_____%		
MAIL PICK UP WIRE OTHER		RESERVE		
PREP BY.		CHARGE BACK		

For valuable consideration, receipt of which is hereby acknowledged, the undersigned hereby sells, assigns, sets over and transfers to CFS, its successors or assigns, all its right, title, and interest in and to the accounts above named, including all monies due or to become due thereon, all in accordance with and pursuant to that certain Factoring Agreement now existing by and between the undersigned and CFS, the conditions, representations, warranties, and agreements of which are made part of this sale and assignments and incorporated herein by reference. This is to certify that the parties named above are indebted to the undersigned in the sums set opposite their respective names for merchandise sold and delivered or for work and labor done and accepted

FEE REBATE		
RESERVE REBATE		
OTHER _____		
OTHER _____		
CASH PAYMENT		

http://www.compassfs.net