



**SHEYLD**  
SOLUTIONS

# GUIDANCE REPORT

**Company Name**

**City, State**

*Prepared for:*  
Client Name  
Client Contact

*Prepared by:*  
Sheyld Solutions  
Houston, Texas



Client Name  
Client Contact  
Client Address 1  
Client Address 2

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Dear Valued Customer,

It is with great pleasure that we submit to you, your requested Guidance Report on your client:

**Company Name**

We have performed due diligence, analysis and investigations on the information and documentation that was submitted to us by your client. The information presented is made available solely for general information purposes. We do not warrant the accuracy, completeness or usefulness of this information. Any reliance you place on such information is strictly at your own risk. We disclaim all liability and responsibility arising from any reliance placed on such materials by you or by anyone who may be informed of any of its contents.

**Please do not rely on any Guidance Report that you do not receive directly from Sheyld Solutions.**

Thank you for allowing us to provide you with our services. If you have any questions or need clarification on any of the information contained in this Guidance Report please do not hesitate to contact us.

Sincerely,

Sheyld Solutions, LLC

Phone: 346-214-3365

Email: customersupport@sheyld.com

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# APPLICANT INFORMATION

## Legal Business Name

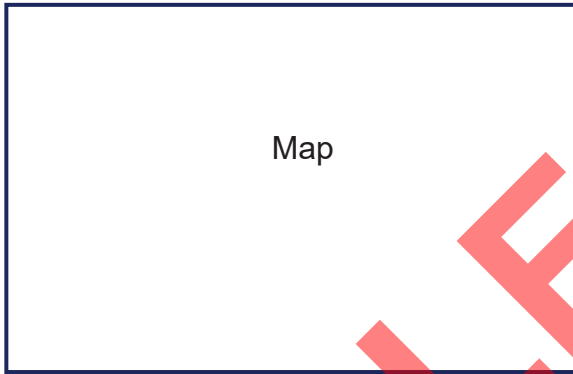
## Doing Business As and/or Trade Names:

## Parent Company:

Parent Company Guaranty:  Yes  No

## Physical Address:

Retail  Industrial  Residential  Office  PO Box Store



## Mailing Address:

## Telephone Number:

Reverse Lookup Findings:

## Fax Number:

Reverse Lookup Findings:

## Contact Name & Title:

Contact Person Phone/Email:



**Legal Structure:**

Date Established:

**State of Incorporation:**

Registered States:

**EIN/Tax ID:**

State Good Standing:

**Sole Proprietorship:**

SS# & DOB:

**DBA Filing:**

Information:

**EIN/Tax ID:**

State Good Standing:

**Website URL:**

Findings:

**Line of Business:**

**No. of Employees:**

**Bus./Prof. License:**

Findings:

**Media Findings:**



# PRINCIPLE OFFICERS



SAMPLE REPORT



# EQUITY HOLDERS



SAMPLE REPORT



# TRADE REFERENCES

## Customer No. 1

Industry Type:  
Company Size:

Market Area:  
Company Type:

Completed By:	Customer Since:
Last Invoice Date:	Payment Terms:
Credit Limit:	Recent High:
Amount Due Outstanding:	Amount Past Due:
Payment Trends:	<input type="checkbox"/> Within Terms <input type="checkbox"/> 30-60 <input checked="" type="checkbox"/> 60-90 <input type="checkbox"/> 90+
Other Information/ Comments:	

## Customer No. 2

Industry Type:  
Company Size:

Market Area:  
Company Type:

Completed By:	Customer Since:
Last Invoice Date:	Payment Terms:
Credit Limit:	Recent High:
Amount Due Outstanding:	Amount Past Due:
Payment Trends:	<input type="checkbox"/> Within Terms <input type="checkbox"/> 30-60 <input type="checkbox"/> 60-90 <input type="checkbox"/> 90+
Other Information/ Comments:	





### Customer No. 3

Industry Type:  
Company Size:

Market Area:  
Company Type:

Completed By:	Customer Since:
Last Invoice Date:	Payment Terms:
Credit Limit:	Recent High:
Amount Due Outstanding:	Amount Past Due:
Payment Trends:	<input type="checkbox"/> Within Terms <input type="checkbox"/> 30-60 <input type="checkbox"/> 60-90 <input type="checkbox"/> 90+
Other Information/ Comments:	

### Customer No. 4

Industry Type:  
Company Size:

Market Area:  
Company Type:

Completed By:	Customer Since:
Last Invoice Date:	Payment Terms:
Credit Limit:	Recent High:
Amount Due Outstanding:	Amount Past Due:
Payment Trends:	<input type="checkbox"/> Within Terms <input type="checkbox"/> 30-60 <input type="checkbox"/> 60-90 <input type="checkbox"/> 90+
Other Information/ Comments:	



# BANK REFERENCES

**Bank Name:**

Bank Representative Name:

Bank Representative Title:

Date:

**Deposit Accounts:**

Type of Account	Account Number	Current Balance	Avg Bal for Previous 2 Mths	Date Opened
Type of Account	Account Number	Current Balance	Avg Bal for Previous 2 Mths	Date Opened
Type of Account	Account Number	Current Balance	Avg Bal for Previous 2 Mths	Date Opened

**Loans Outstanding:**

Loan No.	Date of Loan	Orig Loan Amount	Current Balance	Pmt Amt	Pmt Frq	Loan Type	Secured By

Payment Trends:  <30  31-60  61-90  91+

Loan No.	Date of Loan	Orig Loan Amount	Current Balance	Pmt Amt	Pmt Frq	Loan Type	Secured By

Payment Trends:  <30  31-60  61-90  91+

Loan No.	Date of Loan	Orig Loan Amount	Current Balance	Pmt Amt	Pmt Frq	Loan Type	Secured By

Payment Trends:  <30  31-60  61-90  91+

Other Information/Comments:



**Bank Name:**

Bank Representative Name:  
Bank Representative Title:  
Date:

**Deposit Accounts:**

Type of Account	Account Number	Current Balance	Avg Bal for Previous 2 Mths	Date Opened

Type of Account	Account Number	Current Balance	Avg Bal for Previous 2 Mths	Date Opened

Type of Account	Account Number	Current Balance	Avg Bal for Previous 2 Mths	Date Opened

**Loans Outstanding:**

Loan No.	Date of Loan	Orig Loan Amount	Current Balance	Pmt Amt	Pmt Frq	Loan Type	Secured By

Payment Trends:  <30  31-60  61-90  91+

Loan No.	Date of Loan	Orig Loan Amount	Current Balance	Pmt Amt	Pmt Frq	Loan Type	Secured By

Payment Trends:  <30  31-60  61-90  91+

Loan No.	Date of Loan	Orig Loan Amount	Current Balance	Pmt Amt	Pmt Frq	Loan Type	Secured By

Payment Trends:  <30  31-60  61-90  91+

Other Information/Comments:



**Bank Name:**

Bank Representative Name:  
 Bank Representative Title:  
 Date:

**Deposit Accounts:**

Type of Account	Account Number	Current Balance	Avg Bal for Previous 2 Mths	Date Opened

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Payment Trends:  <30  31-60  61-90  91+

Other Information/Comments:



# FINANCIAL INFORMATION

## Documents Received for Review:

- Bal Sht  P&L  Cash Flow | Date: \_\_\_\_\_ | Prepared By: \_\_\_\_\_ | Type: \_\_\_\_\_ | Basis: \_\_\_\_\_
- Bal Sht  P&L  Cash Flow | Date: \_\_\_\_\_ | Prepared By: \_\_\_\_\_ | Type: \_\_\_\_\_ | Basis: \_\_\_\_\_
- Bal Sht  P&L  Cash Flow | Date: \_\_\_\_\_ | Prepared By: \_\_\_\_\_ | Type: \_\_\_\_\_ | Basis: \_\_\_\_\_
- Current Aging Summary | Date: \_\_\_\_\_  Vendor Balance Detail | Date: \_\_\_\_\_

### Number of Products or Services Sold or

[The higher the number, the more diverse & less likelihood of fiscal difficulties if one product/service has adverse issues or difficulties]



Data Date

## Sales and Customers

### Percentage of Gross Revenue from Largest Customer

[A high percentage could be an indication of risk should any issues or difficulties arise with this Customer]

Data Date

### Number of Total Vendors:

[A low number of total vendors may indicate a lack of payment experience]

### Average Bill Amount:

[Is the Company accustomed to making payments with anticipated range of credit

Data Date

## Vendors

### Lowest Vendor Trade Credit Granted

What are other Vendor credit limits

### Highest Vendor Trade Credit Granted

Data Date

Data Date

### Average Days to Pay

[This percentage could assist in determining payment terms]



# FINANCIAL INFORMATION

## Total Debt to Total Assets Ratio

Total Debt to Total Assets is a leverage ratio that defines the total amount of debt relative to assets of the company.

Data Date

The higher the ratio, the higher the degree of leverage and, consequently, financial risk.

## Gross Profit Percentage

Gross Profit Percentage is a profitability ratio that shows the relationship between gross profit and total net sales revenue, in order to evaluate the operational performance of the company.

Data Date

The higher percentage the more profitable the

## Altman Z Score

This score uses statistical techniques to predict a company's probability of failure using variables from the company's financial statements.

Data Date

0.00 - 1.23 = Danger  
1.24 - 2.90 = Caution  
3.00 - 8.00 = Safe

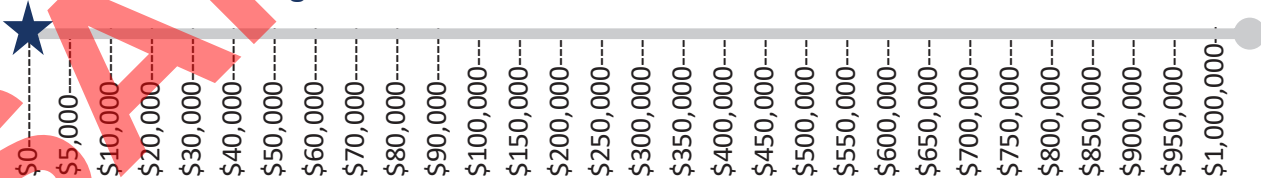
## Liquidity Ratio

Current Liquidity Ratio measures a company's ability to pay off its current liabilities (payable within one year) with its current assets such as cash, accounts receivable and inventories.

Data Date

The higher the ratio, the better

## Cash Balance Range As Of:



## Secured Party:

File Date:

Collateral:

Type:

## Secured Party:

File Date:

Collateral:

Type:

## Secured Party:

File Date:

Collateral:

Type:

## Secured Party:

File Date:

Collateral:

Type:



# LAW SUIT INFORMATION

## Parties:

• File Date:

• Type:

• Disposition:

## Parties:

• File Date:

• Type:

• Disposition:

## Parties:

• File Date:

• Type:

• Disposition:

## Parties:

• File Date:

• Type:

• Disposition:





## Parties:

• File Date:

• Type:

• Disposition:

## Parties:

• File Date:

• Type:

• Disposition:

## Parties:

• File Date:

• Type:

• Disposition:

## Parties:

• File Date:

• Type:

• Disposition:



SAMPLE REPORT

