



GENERAL INFORMATION

APPLICANT		PHONE NUMBER	FAX	
STREET ADDRESS		CITY	STATE	ZIP
MAILING ADDRESS		CITY	STATE	ZIP
TYPE OF BUSINESS		COUNTY LOCATION	STATE OF INCORPORATION	
CHARTER NUMBER	FEDERAL I.D. NUMBER	DATE BUSINESS STARTED	TYPE OF ENTITY	

OWNERSHIP INFORMATION

OFFICER/PARTNER NAME	% OWNERSHIP	TITLE	SOCIAL SECURITY NUMBER	
HOME ADDRESS	CITY	STATE	ZIP	HOME PHONE
OFFICER/PARTNER NAME	% OWNERSHIP	TITLE	SOCIAL SECURITY NUMBER	
HOME ADDRESS	CITY	STATE	ZIP	HOME PHONE
OFFICER/PARTNER NAME	% OWNERSHIP	TITLE	SOCIAL SECURITY NUMBER	
HOME ADDRESS	CITY	STATE	ZIP	HOME PHONE

PROFESSIONAL SERVICES INFORMATION

BANK NAME	CONTACT NAME	TITLE	PHONE NUMBER	LOANS (yes/no)
ATTORNEY	COMPANY/ FIRM		PHONE NUMBER	
ACCOUNTANT	COMPANY/ FIRM		PHONE NUMBER	

ACCOUNTS RECEIVABLE INFORMATION

INVOICE TERMS	AVG. INVOICES PER MONTH	AVG. INVOICE SIZE (\$)	PROJECTED MONTHLY FACTORING VOLUME (\$)	
SALES GENERATED VIA (PLEASE CHECK ALL THAT APPLY)		<input type="checkbox"/> PURCHASE ORDER	<input type="checkbox"/> CONTRACT	<input type="checkbox"/> OTHER
INVOICING METHOD(S):	<input type="checkbox"/> AT COMPLETION	<input type="checkbox"/> AT SHIPMENT	<input type="checkbox"/> AT DELIVERY	<input type="checkbox"/> PROGRESS
ARE YOU CURRENTLY FACTORING OR HAVE YOU FACTORED BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF SO, WITH WHOM? _____		
DOES THE COMPANY HAVE ANY IRS LIENS OR PAST DUE IRS OBLIGATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, IS THERE A PAYMENT PLAN OR SUBORDINATION CURRENTLY IN PLACE? <input type="checkbox"/> YES <input type="checkbox"/> NO				
DOES THE COMPANY ACCEPT CREDIT CARD PAYMENTS FROM CUSTOMERS? <input type="checkbox"/> YES <input type="checkbox"/> NO				

I/We hereby apply with Gulf Coast Bank & Trust Co. dba Gulf Coast Business Credit ("GCBC") for the credit described in this application on behalf of the applicant business. I/We certify that I/we made no misrepresentation in this application or in any related documents, that all information is true and complete, and that I/we did not omit any important information. I/We agree that any property securing the credit will not be used for any illegal purpose. GCBC is authorized to verify with other parties and to make any investigation of my/our credit, either directly or through any agency employed by GCBC for that purpose. GCBC may disclose to any other interested parties information as to GCBC's experience or transactions with my/our account. I/We understand that GCBC will retain this application and any other credit information GCBC receives, even if no credit is granted. These representations and authorizations extend not only to GCBC, but also to any insurer of the credit and to any investor to whom GCBC may sell all or part of the credit. I/We further authorize GCBC to provide any such insurer or investor any information and documentation that they may request with respect to my/our application or credit.

AUTHORIZATION SIGNATURES OF EACH OWNER/APPLICANT

SIGNATURE	PRINTED NAME	TITLE	DATE
SIGNATURE	PRINTED NAME	TITLE	DATE
SIGNATURE	PRINTED NAME	TITLE	DATE

DOCUMENT CHECKLIST

PLEASE SUBMIT THE FOLLOWING DOCUMENTATION WITH YOUR COMPLETED APPLICATION:

- COMPANY FINANCIAL STATEMENTS: Profit & Loss and Balance Sheets (INTERIM & PRIOR YEAR – MOST CURRENT FOR NEW BUSINESS)
- CLIENT/DEBTOR CONTACT INFORMATION; LOGINS FOR ANY ONLINE AP SYSTEMS
- CURRENT ACCOUNTS RECEIVABLE AGING
- CURRENT ACCOUNTS PAYABLE AGING
- ARTICLES OF INCORPORATION/ORGANIZATION
- LIST OF OFFICERS, INCLUDING CORPORATE SECRETARY
- SAMPLES OF 3 INVOICES AND RELATED BACKUP DOCUMENTATION SUCH AS CONTRACT, PURCHASE ORDERS AND/OR DELIVERY CONFIRMATION
- PERSONAL FINANCIAL STATEMENT, SIGNED & DATED WITHIN THE PAST YEAR
- COPY OF DRIVERS LICENSE FOR GUARANTOR(S)
- BROCHURE, COMPANY BIO, OR WEBSITE