

Gulf Coast Business Credit

200 St. Charles Avenue
New Orleans, LA 70130
Phone: (504) 412-2029 Fax: (504) 412-2040

General Information

Applicant		Phone Number		Fax Number	
Street Address		City		State	Zip Code
Mailing Address		City		State	Zip Code
Type of Business		County Location		State of Incorporation	
Charter Number	Federal ID Number	Date Business Started	Type of Entity		

Ownership Information

Name		% Owned	Title		Social Security Number
Home Address		City	State	Zip Code	Home Phone
Name		% Owned	Title		Social Security Number
Home Address		City	State	Zip Code	Home Phone
Name		% Owned	Title		Social Security Number
Home Address		City	State	Zip Code	Home Phone

Professional Services Information

Bank Name	Contact Name	Title	Phone Number	Loans (y/n)
Attorney	Company/Firm		Phone Number	
Accountant	Company/Firm		Phone Number	

Accounts Receivable Information

Invoice Terms	Ave. invoices per month	Ave. 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

I/We hereby apply 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. Gulf Coast Business Credit ("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 experiences 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