



online

Inventory Finance Application

Email to: Credit@CoastalCapitalGroupInc.com Ph: (631)629-4965 Fax: (877)828-8980 Alt Fax: (631)380-4045

REQUESTED LOAN STRUCTURE

Requested Revolving Facility Size:	\$
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Referred By:	Company:	Phone:
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GENERAL BUSINESS INFORMATION

Legal Name of Business/ Corp.

Trade Name (DBA)

Primary Business Address

Alternate Mailing Address

Primary Contact:	Title:
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Telephone No.	Fax No.
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Cell No.	
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Website	Email Address
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Legal Form of Business	State of Organization/Incorporation
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Federal Tax ID#:	D.U.N.S. #	Years In Business
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Type of Business (Describe Products or Services)
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Bank	Name	Address	Phone
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Checking Acct #	Savings Acct #	Loan #
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Accountant	Name	Address	Phone
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Attorney	Name	Address	Phone
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Insurance Agent	Name	Address	Phone
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Landlord	Name	Address	Phone
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If more than one:

Landlord	Name	Address	Phone
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Landlord	Name	Address	Phone
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ACCOUNTS RECEIVABLE INFORMATION

Trade Receivables Outstanding	0 - 30 days	31-60 days	61-90 days	Over 90 Days
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Average Monthly Sales \$	Total Number of Customers
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Average Number of Invoices per Month	Average Invoice Value \$
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Average Number of Days to Collect	Write-Off Percentage	Terms of Sale
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Average Length of Customer Relationship	Any Credit Enhancement such as a Factor, Credit Insurance or Guarantee
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Are your Customers Domiciled Locally, Overseas or Both	If factoring, please include potential/current factor:
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ACCOUNTS PAYABLE INFORMATION

Accounts Payable Outstanding	0 - 30 days	31-60 days	61-90 days	Over 90 Days
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Average Monthly Purchases \$	Total Number of Vendors
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Terms of Purchase	Average Number of Days to Pay
Average Length of Supplier Relationship	
Are your Suppliers Domiciled Locally, Overseas or Both	

INVENTORY INFORMATION

Total Inventory Cost Value \$	Raw Material \$	Work in Process \$	Finished Goods \$
Number of Inventory Locations Maintained?	Number of Units on Hand	Value of Obsolete/Slow Moving	Any Seasonality? When?
Maintained on a Perpetual System? If No, please explain.			
Frequency of Cycle/Physical Counts?	Date of last cycle/physical count.	Amount, if any, of book to physical adjustment?	

BACKGROUND INFORMATION *(Please explain any "Yes" answers)*

Are the A/R pledged as collateral in support of any loans?	No	Yes, With Whom?:
Is the Inventory pledged as collateral to support any loan?	No	Yes, With Whom?:
Are there any loans now outstanding?	No	Yes, Explain:
Are you considering changing lenders?	No	Yes, To Whom?:
Are there any delinquent Federal, State or Payroll taxes?	No	Yes, Explain:
Has the Company/Principals ever filed Bankruptcy?	No	Yes, Explain:
Has any Owner/Officer ever been convicted of a felony?	No	Yes, Explain:
Are there any Judgments/Liens against the Company?	No	Yes, Explain:
Has the Company ever operated under a different name?	No	Yes, Explain:

OWNER/OFFICER INFORMATION

Name		
Street Address		
City	State	Zip
Social Security #	Driver's License #	Date of Birth
Position	Ownership Percentage	Phone #
Name		
Street Address		
City	State	Zip
Social Security #	Driver's License #	Date of Birth
Position	Ownership Percentage	Phone #
Name		
Street Address		
City	State	Zip
Social Security #	Driver's License #	Date of Birth
Position	Ownership Percentage	Phone #

SUPPORTING DOCUMENTATION

Most Recent Month End Detailed Accounts Receivable Aging	Detailed inventory report broken down by item and cost in an excel format
Most Recent Month End Detailed Accounts Payable Aging	Last Three Fiscal Year End Financial Statements

Most Recent Personal Financial Statement for 20% or more Ownership	Most Recent Interim Monthly Financial Statement
12 Month Profit and Loss Sales and Balance Projections	

AUTHORIZATION TO RELEASE INFORMATION

The information supplied in this Confidential Financing Application and Company Profile form and all forms and documents submitted to Coastal Capital Group, Inc or its Assignee (collectively "Lender") in connection herewith is true and correct to the best of my/our knowledge and belief. Coastal's policy is to protect the confidentiality of your credit information by restricting access to it to director or officer level staff. I/we hereby authorize Lender to investigate my/our financial responsibility and credit worthiness and will provide financial statements, tax returns, or other materials or information as requested by Lender and to verify any information provided from any source Lender may choose. I/we grant Lender the right to procure any and all credit or other investigative reports to any party to this application. I/we grant Lender the right to release any of the information contained herein or any results from any investigation of the information contained herein to any third party that may become part of any financing transaction between Applicant and Lender or to whom Lender may refer this Applicant for funding. I/we further grant to any source from which Lender has requested information about Applicant(s), the authorization to release such information to Lender. Applicant acknowledges that Lender will rely on the information provided herein to make its credit decision regarding Applicant. This application has been completed and signed under penalty of perjury. A photocopy, including a fax copy, of this authorization may be accepted as an original.

Please use addendum if additional signatures are required.

Signature	Print Name	Title	Date
Signature	Print Name	Title	Date

Coastal Capital Group, Inc. - 273 Walt Whitman Rd, Suite 400 - Huntington Station, NY 11746
Main Phone: 631-629-4965 Fax: 877-828-8980 www.CoastalCapitalGroupInc.com

COMPANY PROFILE - Tell us about your company.

MANAGEMENT PROFILE - Tell us about the Owners, Officers and Key Management Personnel.

ADDITIONAL SIGNATURES Please use the space below if additional signatures are required.

Signature	Print Name	Title	Date
Signature	Print Name	Title	Date
Signature	Print Name	Title	Date