



Online CLIENT PROFILE

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CONFIDENTIAL CREDIT APPLICATION AND COMPANY PROFILE

GENERAL BUSINESS INFORMATION

Legal Name of Business/Corp:			
Trade Name (DBA):			
Primary Business Address:			
List other Business Locations:		Type of Business:	
Telephone:	Fax:	Cell:	Email:
Legal Form of Business <input type="checkbox"/> Corporation (State <input type="text"/>) <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Other <input type="text"/>			
Federal Tax ID#:		Years in Business:	
How did you hear about us or who where you referred by?			

ACCOUNTS RECEIVABLE INFORMATION

Average Monthly Sales \$:	Amount of financing requested \$:
Average Number of Invoices per Month:	Average Invoice Value \$:
Number of Active Customers with Open Balance?:	What methods do your customer use to pay you?:
Standard Terms of Sale:	Any terms over Net 60? Write off % last 12 months?

BACKGROUND INFORMATION (Please explain any "Yes" answers)

Are there any loans, private or commercial, now outstanding?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Explain:
Are there any Judgments, Liens or Bankruptcy Filings now pending, in effect or discharged against the company or owners?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Explain:
Has any Owner, Officer, or Principal Manager of the Company ever been convicted of a felony?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Explain:
Are any Federal or State taxes, including Payroll Taxes, delinquent?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Explain:
Do you use a payroll service such as ADP, Paychex or your bank?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Explain:
Do you have any ownership in other companies? Has the Company ever operated under a different name?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Explain:

OWNER/OFFICER INFORMATION

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

Are there any additional owners? Yes No

AUTHORIZATION TO RELEASE INFORMATION

The undersigned submits this APPLICATION to provide information necessary and to be related upon in assessing the potential of a commercial financing relationship, and states all information contained herein is true and accurate. The undersigned authorizes Coastal Capital Group, Inc and/or its assignees or designees (CCGI) to investigate all information provided herein and any additional documentation supplied to CCGI, and CCGI is hereby authorized to check the credit and financial background of the company and the owners and officers. A photocopy, including fax copy, may be accepted as an original.

Signature	Print Name	Title	Date
Signature	Print Name	Title	Date

ADDITIONAL SUPPORT DOCUMENTATION

For purposes of pre-approval, please supply the following information (additional financial information may be requested later):
 Current Aging of Accounts Receivable **AND** Copy of Current Invoice w/ backup (PO, Contract, Proof of delivery, etc.