



# Online Business Working Capital Application

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

Company Information									
Company Legal Name					DBA				
Address					City		State		Zip
Legal Status: ___ Corp ___ LLC ___ Partnership ___ Sole Proprietor ___ Other					Date Incorporated		Age of Business		Number of Employees
Phone #			Fax #		Federal Tax I/D			Estimated Average Monthly Revenues \$	
Amount Requested \$		Accept Credit Cards? ___ YES ___ NO	Avg Monthly Processing \$		Have an Open Advance? ___ YES ___ NO	If Yes, Lender Name			Current Balance \$
Personal Information on Owners, Partners, or Guarantors									
Name			Title	% Ownership	Social Security #			Date of Birth	
Home Address			City		State	Zip	___ Homeowner ___ Rent	Years at Current Address	
Current Home Phone #		Cell Phone#			E-mail address			Annual Income \$	
Name			Title	% Ownership	Social Security #			Date of Birth	
Home Address			City		State	Zip	___ Homeowner ___ Rent	Years at Current Address	
Current Home Phone #		Cell Phone#			E-mail address			Annual Income \$	
Company References									
Business Landlord/Mortgage Holder			Contact		Phone #			Fax #	
Address			City			State	Zip	Monthly Payment \$	
Business Bank Name			Account #		Phone #			Contact at Local Branch	
Has the Business or any of its owners ever filed for Bankruptcy Protection? <input type="checkbox"/> NO <input type="checkbox"/> YES: Chapter _____ Filed ___/___/___ Discharged ___/___/___									
Does the Business or owners currently have tax liens? <input type="checkbox"/> NO <input type="checkbox"/> YES: Amount \$ _____ Is there a payment plan? <input type="checkbox"/> NO <input type="checkbox"/> YES: Pmt \$ _____									
Loan and Trade References									
Firm Name		Contact			Phone #		Fax #		High Credit
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Firm Name		Contact			Phone #		Fax #		High Credit
By signing below, the undersigned individual(s), who is either a principal of the credit applicant or a personal guarantor of its obligations, provides written instruction and authority to Coastal Capital Inc or its Designee as well as and in addition to any assignee or potential assignee thereof authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purposes of update, renewal, or extension of such credit or additional credit and for reviewing or collecting the resulting account. A photo static or facsimile copy of this authorization shall be valid as the original.									
Signature :							Date:		
Signature :							Date:		
<b>***Please send the following items with your application***</b>									
_____ Last 4 Months Business Bank Statements _____ Last 4 Months Merchant Processing Statements (if applicable)									

*\*Additional documentation may be required for funding*