



Online Credit 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: <input type="checkbox"/> Corp <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Other			Date Incorporated	Age of Business	Number of Employees	
Phone #	Fax #	Federal Tax I/D		Estimated Average Monthly Revenues \$		
Personal Information on Owners, Partners, or Guarantors						
Name		Title	% Ownership	Social Security #		Date of Birth
Home Address		City	State	Zip	<input type="checkbox"/> Homeowner <input type="checkbox"/> 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	<input type="checkbox"/> Homeowner <input type="checkbox"/> 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	
Loan and Trade References						
Firm Name	Contact	Phone #		Fax #	High Credit	
Firm Name	Contact	Phone #		Fax #	High Credit	
Firm Name	Contact	Phone #		Fax #	High Credit	
Vendor Profile and Equipment Description						
Vendor Business Name		Address		City	State	Zip
Phone #	Fax #		Vendor Contact		Time in Business	
Equipment To Be Leased						
Model #	Serial #		<input type="checkbox"/> New <input type="checkbox"/> Used	Cost of Equipment \$		
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:		

Submit **Equipment Invoice** and **Last 3 Months Business Bank Statements** (if applicable) with all applications



Company Name _____

Asset List

List all owned equipment with a Wholesale Value greater than \$10,000

Year	Make	Model	Serial # / VIN #	Equipment Description	Purchase Price	Balance Owed	Monthly Payment	Current Lender	Current W/S Mkt. Value For Internal Use

Fax to (877) 828-8980 or email to credit@CoastalCapitalGroupInc.com

Online