

# Quick Application

For quick processing of your application, please fax completed application and A/R Aging Report to Capital Plus at 614-841-3856 or submit via email to renee@capplus.com. For additional information on the professional services provided by our firm, please review our website: www.capplus.com. For questions, please call our team at 614-848-7620 or email [info@capplus.com](mailto:info@capplus.com).

## BUSINESS INFORMATION

Name of Company: \_\_\_\_\_

DBA: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (            ) \_\_\_\_\_ Fax: (            ) \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Federal Tax I.D. Number: \_\_\_\_\_

State registered in: \_\_\_\_\_ County: \_\_\_\_\_ Business start date: \_\_\_\_\_

Is the business a...      Corporation       Partnership       LLC       Sole Proprietor       Other

Type of business/Industry: \_\_\_\_\_

Where did you hear about us? (Google search, broker, Factor Finders, etc.) \_\_\_\_\_

## OWNERSHIP INFORMATION

Name: \_\_\_\_\_

% ownership: \_\_\_\_\_ Title: \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (            ) \_\_\_\_\_ Cell: (            ) \_\_\_\_\_

Email: \_\_\_\_\_

Social security number: \_\_\_\_\_

We will do a commercial purpose (soft) pull.

## LIST OTHER OWNERS/PARTNERS

*(Please use a separate piece of paper if there are more than two owners/partners)*

Name: \_\_\_\_\_

% ownership: \_\_\_\_\_ Title: \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (            ) \_\_\_\_\_ Cell: (            ) \_\_\_\_\_

Email: \_\_\_\_\_

Social security number: \_\_\_\_\_

We will do a commercial purpose (soft) pull.



**DOLLAR AMOUNT OF COMMERCIAL ACCOUNTS RECEIVABLE NOW OPEN:**

Total outstanding: \$ \_\_\_\_\_  
 Current: \$ \_\_\_\_\_  
 30 days old: \$ \_\_\_\_\_  
 60 days old: \$ \_\_\_\_\_  
 90 days old: \$ \_\_\_\_\_

Please also attach a current A/R aging with your application, if available.  
 If you are a start up business, please simply put \$0 in the above table.  
 \*We will need this information to be able to issue you an answer.

Do you currently have a loan or line of credit for the business? Yes  No   
 If yes, to whom? \_\_\_\_\_  
 Are you currently factoring? Yes  No   
 If yes, with whom? \_\_\_\_\_  
 Do you have a contract? Yes  No   
 Expiration date of the contract: \_\_\_\_\_  
 Do you process your own payroll? Yes  No   
 Have you ever filed for personal/corporate bankruptcy? Yes  No   
 Any Federal or State taxes past due? Yes  No   
 Are there any judgements pending by or against this company? Yes  No   
 Any pending or threatened litigation against the company or any principal? Yes  No

**NAME OF 4 LARGEST ACCOUNTS TO BE FACTORED:** Please supply the complete name, address and credit limit

**Customer name:** \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Current credit limit for this customer: \$ \_\_\_\_\_ Current outstanding accounts receivables: \$ \_\_\_\_\_  
 Average monthly sales for this customer: \$ \_\_\_\_\_ Average time it takes to be paid: \_\_\_\_\_ days

**Customer name:** \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Current credit limit for this customer: \$ \_\_\_\_\_ Current outstanding accounts receivables: \$ \_\_\_\_\_  
 Average monthly sales for this customer: \$ \_\_\_\_\_ Average time it takes to be paid: \_\_\_\_\_ days

**Customer name:** \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Current credit limit for this customer: \$ \_\_\_\_\_ Current outstanding accounts receivables: \$ \_\_\_\_\_  
 Average monthly sales for this customer: \$ \_\_\_\_\_ Average time it takes to be paid: \_\_\_\_\_ days

**Customer name:** \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Current credit limit for this customer: \$ \_\_\_\_\_ Current outstanding accounts receivables: \$ \_\_\_\_\_  
 Average monthly sales for this customer: \$ \_\_\_\_\_ Average time it takes to be paid: \_\_\_\_\_ days

*By submitting this application, you authorize Gulf Coast Bank & Trust Company to use any credit bureau or business to verify any information that is provided. Gulf Coast Bank & Trust Company is an FDIC-insured commercial bank.*

Print name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Print name of second owner (if applicable) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_



Capital Plus

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 855.522.3951