



# Capital-Plus 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.

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## 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: \_\_\_\_\_

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## OWNERSHIP INFORMATION

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

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

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

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

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

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

Social Security Number: \_\_\_\_\_

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## 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: \_\_\_\_\_

**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: \_\_\_\_\_

Average monthly sales for this customer: \$ \_\_\_\_\_ Average time it takes to be paid: \_\_\_\_\_ days

Credit line desired for this customer: \$ \_\_\_\_\_

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

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

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

Average monthly sales for this customer: \$ \_\_\_\_\_ Average time it takes to be paid: \_\_\_\_\_ days

Credit line desired for this customer: \$ \_\_\_\_\_

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

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

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

Average monthly sales for this customer: \$ \_\_\_\_\_ Average time it takes to be paid: \_\_\_\_\_ days

Credit line desired for this customer: \$ \_\_\_\_\_

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

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

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

Average monthly sales for this customer: \$ \_\_\_\_\_ Average time it takes to be paid: \_\_\_\_\_ days

Credit line desired for this customer: \$ \_\_\_\_\_

Where did you hear about us? \_\_\_\_\_

*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.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_