

# Gulf Coast Business Credit Transportation Division

7235 Jefferson Highway  
Baton Rouge, LA 70806  
Phone (225) 757-4430 Fax (225) 612-7160

## BUSINESS INFORMATION

Business Name \_\_\_\_\_ Date Est. \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_  
MC Number \_\_\_\_\_ State Registered \_\_\_\_\_  
Federal ID Number \_\_\_\_\_ Currently Under Bankruptcy Protection? \_\_\_\_\_  
Type Ownership: C Corp \_\_\_ S Corp \_\_\_ LLC \_\_\_ Partnership \_\_\_ Year filed \_\_\_ State \_\_\_

## OWNERSHIP INFORMATION

Name \_\_\_\_\_ %Owned \_\_\_\_\_ Title \_\_\_\_\_ SSN \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Name \_\_\_\_\_ %Owned \_\_\_\_\_ Title \_\_\_\_\_ SSN \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

## ACCOUNTS RECEIVABLE INFORMATION

Average Monthly Sales \_\_\_\_\_ Amount of Open A/R \_\_\_\_\_  
Number of Accounts \_\_\_\_\_ Terms of Sales \_\_\_\_\_  
Amount you intend to factor on a monthly basis \_\_\_\_\_  
Are you currently factoring or have factored before? Yes \_\_\_ No \_\_\_  
If yes, with what company? \_\_\_\_\_

I/we hereby apply for the credit described in this application on behalf of the applicant business. I/we certify that I/we have made no misrepresentation in this application or in any related documents, that all information is true and complete, and that I/we did not omit any important information. I/we agree that any property securing the credit will not be used for any illegal purpose. Gulf Coast Business Credit ("GCBC") is authorized to verify with other parties and to make any investigations of my/our credit either directly or through any agency employed by GCBC for that purpose. GCBC may disclose to any other interested parties information as to GCBC's experiences or transactions with my/our account. I/we understand that GCBC will retain this application and any other credit information GCBC receives even if no credit is granted. These representations and authorizations extend not only to GCBC, but also to any insurer of the credit and to whom GCBC may sell all or part of the credit. I/we further authorize GCBC to provide any such insurer or investor any information and documentation that they may request with respect to my/our application or credit.

\_\_\_\_\_  
Signature Printed Name Title Date

\_\_\_\_\_  
Signature Printed Name Title Date

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## **Also Provide:**

- 1. Articles of Incorporation or Assumed Name Certificate for d/b/a**
- 2. Copy of Authority**
- 3. Proof of Insurance**
- 4. Federal Tax ID**
- 5. Previous years Tax Returns**
- 6. Client list or Accounts Receivable Aging**
- 7. Copy of Drivers License**
- 8. Voided Check**

**Please fax to the immediate attention of Chuck McDowell at (225) 612-7160.**

**If you have questions or need clarification on any aspect of this application please call (866) 480-4430 for assistance.**