

GENERAL INFORMATION										
Business Name				Primary Contact			Federal Tax ID Number			
Street Address						Date Established				
City		State		Zip		Website Address				
Phone		Fax		State of Formation		Type of Business : <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation- <input type="checkbox"/> "S" <input type="checkbox"/> "C" <input type="checkbox"/> LLC				
Email Address of Primary Contacts				D/B/A, Company or Trade Names used in last 5 years						
# of Employees		Do you use a Payroll Service? Yes <input type="checkbox"/> No <input type="checkbox"/> Name of Service:			Nature of Business/Primary Product (service)					
Factored or pledged receivables in past? Yes <input type="checkbox"/> No <input type="checkbox"/> Balance Owed \$			Is company current on all taxes? Yes <input type="checkbox"/> No <input type="checkbox"/> Balance Owed \$			Has company ever filed Bankruptcy? Yes <input type="checkbox"/> No <input type="checkbox"/> Date:				
Any unpaid liens or judgements? Yes <input type="checkbox"/> No <input type="checkbox"/> Balance Owed \$			Any active or pending lawsuits? Yes <input type="checkbox"/> No <input type="checkbox"/> Liability \$			Any change in Ownership in the past 24 months? Yes <input type="checkbox"/> No <input type="checkbox"/> Balance Owed \$				
Transportation Industry: <input type="checkbox"/> Common <input type="checkbox"/> Contract <input type="checkbox"/> Brokerage <input type="checkbox"/> Other			Motor Carrier#		# of Co. Trucks		# Owner Operators		% Broker Loads	
BANK INFORMATION										
Bank Name				Account Number			Phone			
Branch Location			Contact/Officer Name		Email		Fax			
OWNERSHIP INFORMATION										
1	Full Legal Name				Position			Social Security Number		
	Home Address				Date of Birth		% of Ownership		Email Address	
	City		State		Zip		Phone - Home		Phone - Cell	
2	Full Legal Name				Position			Social Security Number		
	Home Address				Date of Birth		% of Ownership		Email Address	
	City		State		Zip		Phone - Home		Phone - Cell	
3	Full Legal Name				Position			Social Security Number		
	Home Address				Date of Birth		% of Ownership		Email Address	
	City		State		Zip		Phone - Home		Phone - Cell	
Have any of the above Owners been Convicted of a Felony? Yes <input type="checkbox"/> No <input type="checkbox"/> Who: _____ Date: _____				Any of the above Owners filed for protection under Bankruptcy? Yes <input type="checkbox"/> No <input type="checkbox"/> Who: _____ Date: _____						

## ACCOUNT RECEIVABLE INFORMATION

<b>Total Outstanding Accounts Receivable?</b>	<b>Average Number of Invoices Per Month?</b>	<b>Average Invoice Amount?</b>
		\$
<b>Total Billings Last 30 Days?</b>	<b>Total Billings Last 12 Months?</b>	<b>Annual Bad Debt Write Offs?</b>
\$	\$	\$
<b>Normal Sales Terms?</b>	<b>Annual percentage of returned sales?</b>	<b>Have installment or progress billings?</b>
Net		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Any Consignment Sales?</b>	<b>Any Bill and Hold Sales?</b>	<b>Sell to the government?</b>
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Sales from Construction Work?</b>	<b>Conduct Foreign Export Sales?</b>	<b>Work completed before invoice customer?</b>
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Sell to Consumers?</b>	<b>Sell to Related Companies or Affiliates?</b>	<b>Make purchases from your customers?</b>
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Offer a Warranty or Guarantee?</b>	<b>Return of Goods require prior approval?</b>	<b>Grant Extended Terms to customers?</b>
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Do you bill by Statement?</b>	<b>Are you required to collect Sales Tax?</b>	<b>Sell to any of your Stockholders?</b>
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

If you answered yes to any of the above, please provide explanation: \_\_\_\_\_

\_\_\_\_\_

Who referred you to us? \_\_\_\_\_

## SUPPORTING DOCUMENTATION (please include the following with your document)

- Current accounts receivable aging
- Current accounts payable aging
- Master customer list with contact details
- Sample of 3 invoices with supporting documentation (i.e. contracts, purchase orders, time sheets, POD's)
- Company financial statement last 2 years & interim
- Personal financial statement for each owner
- Articles of incorporation
- Copy of ID for each owner (drivers license/passport)
- Company brochures/literature

I/we hereby solemnly declare and certify the information supplied in this Application is true and correct to the best of my/our knowledge and that the signer(s) hereto has full authority to provide the information. I/we hereby authorize Third Coast Commercial Capital, Inc. to procure and verify my/our credit worthiness and any other information provided or obtained by Third Coast Commercial Capital, Inc. in the course of its investigation, which in Third Coast Commercial Capital, Inc. sole discretion it deems appropriate, and to conduct independent background investigation(s) of this applicant(s) and the applicant's business. I/we further provide authorization, on a continuing basis, for any person or business to release any and all credit reports or verifications to Third Coast Commercial Capital, Inc.

Signed by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Signed by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Signed by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Important Information about Procedures for Opening a New Account: To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.