



Office: 866-670-7483 | Fax: 866-690-8928

Finance Application – Upon completion, please email to sales@coastalkapital.com or fax to 866-690-8928

Business Information

LEGAL BUSINESS NAME		DBA		BUSINESS TYPE	
PHYSICAL BUSINESS ADDRESS			CITY, STATE, ZIP		
PHONE	FAX	EMAIL		FED. ID #	
		Can we communicate with you via email? <input type="checkbox"/> Yes <input type="checkbox"/> No			
LEGAL STRUCTURE (CORP., LLC, SOLE PROP.)	# OF EMPLOYEES	DATE BUSINESS STARTED	DATE YOU BECAME BUSINESS OWNER OF THIS LOCATION		

Ownership Information

OWNER 1 NAME & TITLE			OWNER 2 NAME & TITLE (if more owners, please include an add'l page)		
HOME ADDRESS, CITY, STATE, ZIP			HOME ADDRESS, CITY, STATE, ZIP		
HOME PHONE		CELL	HOME PHONE		CELL
SOCIAL SECURITY #	DATE OF BIRTH	% OF OWNERSHIP	SOCIAL SECURITY #	DATE OF BIRTH	% OF OWNERSHIP

Business Bank/Trade References

BUSINESS BANK NAME	ACCOUNT #	PHONE	CONTACT
TRADE REFERENCE #1	PHONE	TRADE REFERENCE #2	PHONE

Vendor Information

VENDOR NAME	PHONE	SALES PERSON	
EQUIPMENT DESCRIPTION	NEW OR USED	PRICE	TERM REQUESTED

Delivery of this application bearing a facsimile signature(s) shall have the same force and effect as if the application bore an inked original signature(s). I hereby certify that the information contained in this file is true and accurate and I hereby authorize our banks, credit reporting agencies, and other institutions the right to release credit information to Coastal Kapital, LLC or their designee. The applicant, owner(s) and guarantor (if any) authorize Coastal Kapital, LLC or its designee(s) or assignee(s) to obtain any information it may request from any business or consumer reporting agencies or other sources that provide credit reports, account history information, credit and employment history or similar information; such authorization shall extend to update renewal or credit and for reviewing and collecting the account.

BY: _____ TITLE: _____ DATE: _____
 BY: _____ TITLE: _____ DATE: _____

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