

# GULFCO LEASING

Full Service Financial Funding Plans for Small and Medium Business Entities

Main Office 708-446-4416

Email -sales@gulfc0-leasing.com

Chicago, Illinois 60606, Naples, Florida 34109

New Orleans, Louisiana 70130, Orland Park, Illinois 60462

# Factoring and Purchase Order - Credit Application

Please return application with the following documents to: (708) 361-2958

1. Articles of Incorporation
2. Aging/Customer List
3. Certificate of Insurance
4. First 4 pages of Last Corporate/Partnership Tax Return

"Funding the Future of Small Business" Gulfco Leasings Program Benefits:

<b>NO limit on funding; it's based on eligible A/R</b>
<b>FAST and SIMPLE process</b>
<b>We help MINIMIZE bad debts</b>
<b>No HIDDEN fees</b>
<b>IMPROVE your cash flow</b>
<b>GROW your business</b>

## GENERAL INFORMATION

Registered Entity Name \_\_\_\_\_

Trade Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone ( ) \_\_\_\_\_ Business Fax ( ) \_\_\_\_\_ County \_\_\_\_\_

Type of Entity  Corporation  LLC  Partnership  Proprietorship  Other \_\_\_\_\_

Date Formed \_\_\_\_\_ State of Incorporation \_\_\_\_\_ Federal Tax ID \_\_\_\_\_

How did you hear about Anchor Funding Services? \_\_\_\_\_

## ACCOUNTS RECEIVABLE INFORMATION

Total A/R Balance \_\_\_\_\_ 1-30 days \_\_\_\_\_ 31-45 \_\_\_\_\_ 46-60 \_\_\_\_\_ 60+ \_\_\_\_\_

Annual Sales \_\_\_\_\_ Average Monthly Sales \_\_\_\_\_ Monthly Amount to be Factored \_\_\_\_\_

Average Gross Profit % \_\_\_\_\_

# Active Customers \_\_\_\_\_ Largest Customer \_\_\_\_\_ % of Business \_\_\_\_\_ Average Inv Size \_\_\_\_\_

Have you ever factored before?  YES  NO If Yes, with whom? \_\_\_\_\_ When? \_\_\_\_\_

Are you currently factoring?  YES  NO If Yes, with whom? \_\_\_\_\_ Contract End Date? \_\_\_\_\_

## OPERATIONAL & FINANCIAL INFORMATION

Description of Business \_\_\_\_\_

Business Reference: Name \_\_\_\_\_ City/State \_\_\_\_\_ Phone \_\_\_\_\_

Business Reference: Name \_\_\_\_\_ City/State \_\_\_\_\_ Phone \_\_\_\_\_

Business Reference: Name \_\_\_\_\_ City/State \_\_\_\_\_ Phone \_\_\_\_\_

Lending Institution \_\_\_\_\_ Account# \_\_\_\_\_ Type \_\_\_\_\_

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**OWNERSHIP INFORMATION (MUST ACCOUNT FOR 100%)**

**OWNER/PARTNER #1**

Owner Name \_\_\_\_\_ Home Address \_\_\_\_\_  
Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Current Employer \_\_\_\_\_ City/State \_\_\_\_\_ Length of Service \_\_\_\_\_ Title \_\_\_\_\_  
Previous Employer \_\_\_\_\_ City/State \_\_\_\_\_ Length of Service \_\_\_\_\_ Title \_\_\_\_\_

IF YOU ANSWER **YES** TO **ANY** QUESTION BELOW, PLEASE ATTACH A SEPARATE DOCUMENT PROVIDING A DETAILED EXPLANATION.

- 1) HAVE YOU EVER DECLARED BANKRUPTCY? YES \_\_\_ NO \_\_\_
- 2) ARE THERE ANY UNSATISFIED JUDGMENTS OR TAX LIENS AGAINST YOU? YES \_\_\_ NO \_\_\_
- 3) ARE THERE NOW, OR HAVE YOU EVER BEEN A PARTY TO ANY LITIGATION? YES \_\_\_ NO \_\_\_
- 4) HAVE YOU GRANTED ANY LIEN OR SECURITY INTEREST IN ANY OF YOUR ASSETS TO ANYONE WITHIN THE LAST FIVE (5) YEARS? YES \_\_\_ NO \_\_\_
- 5) HAVE ANY OF THE PRINCIPALS (I.E., DIRECTORS, OFFICERS, SHAREHOLDERS, PARTNERS, MEMBERS) BEEN INVOLVED WITH A BUSINESS SIMILAR TO THAT OF APPLICANT WITHIN THE LAST FIVE (5) YEARS? YES \_\_\_ NO \_\_\_

I hereby subscribe and affirm that all the information provided is true and accurate. Gulfco Leasing or any of its assignees is authorized (as deemed necessary) to verify the accuracy of the statements and information provided and to conduct a credit investigation and background (including criminal) check, including without limitation, obtaining one or more credit reports from credit bureaus. Any adverse material change to the financial condition previously supplied must be reported within fifteen (15) days.

Signature \_\_\_\_\_ Title \_\_\_\_\_ % Ownership \_\_\_\_\_

**OWNER/PARTNER #2**

Owner Name \_\_\_\_\_ Home Address \_\_\_\_\_  
Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Current Employer \_\_\_\_\_ City/State \_\_\_\_\_ Length of Service \_\_\_\_\_ Title \_\_\_\_\_  
Previous Employer \_\_\_\_\_ City/State \_\_\_\_\_ Length of Service \_\_\_\_\_ Title \_\_\_\_\_

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