## **GULF COAST BANK & TRUST COMPANY DBA PHOENIX CAPITAL GROUP**

8707 E. Vista Bonita Drive, Suite 240 Scottsdale, AZ 85255

## **Application Form**

Date:	Title:
Owner's Name:	Phone:
Company Name:	 Fax:
Address:	Mobile:
City, State, Zip:	 Email:
Date of Birth:	Referred By:
Social Security#	Federal Tax ID:
Company Type (check one): Sole Proprietorship	Partnership X LLC Corporation
How Long in Business/Industry:	Are you currently Factoring?
Gross Revenue Last 12 Mos.:	Have you Factored before?
Gross Monthly Sales:	If yes, with whom?
Approx. # of Customers:	A/R pledged as collateral?
Average Invoice Size:	If yes, with whom?
Any outstanding liens or judgments?	Number or Trucks:
Any open bankruptcy?	 MC#
	<del>_</del>
Description of Business:	
B a n k Information/Reference:	Contact Persons
Name of Bank:	Contact Person:
Checking Acct No.:	Phone:
Routing No.:	
Additional Company Officer/Owners:	
Name	Social Security
Address	Date of Birth
Address	Drivers License#
% of ownership	Title
Email:	_
Marra	Carial Carount #
Name:	Social Securty#
Address:	Date of Birth:
Address:	Drivers License#
% of ownership	Title
Email:	
The foregoing information is true and correct to the heat of my knowledge a	nd is given to induce Gulf Coast Bank & Trust Company dba Phoenix Capital Group to
	Gulf Coast Bank & Trust Company dba Phoenix Capital Group or its agents the right to
	ion to secure any obligation of applicant to Gulf Coast Bank & Trust Company dba
	ny costs incurred as a result of applicants dissolution or cancellation of contract prior to first
	x Capital Group or its agents to verify and investigate any or all of the foregoing
	ial responsibility, in any way they may choose. I/We grant Gulf Coast Bank & Trust
Company dba Phoenix Capital Group the right to procure any and all credit	reports pertaining to any party listed in this application, including but not limited to, all
principals of the company. Agreed and consented to: Date:	
Signature:	Signature:
 Title:	Title:
Print Name:	Print Name
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