



STALLIONGATES CAPITAL

BUSINESS LINE OF CREDIT APPLICATION

Flexible Revolving Credit for Your Business Needs

BUSINESS INFORMATION

Legal Business Name:	<input type="text"/>		
DBA (if different):	<input type="text"/>		
Business Address:	<input type="text"/>		
City, State, ZIP:	<input type="text"/>		
Phone:	<input type="text"/>	EIN:	<input type="text"/>
Years in Business:	<input type="text"/>	Industry:	<input type="text"/>
Entity Type:	<input type="text"/>	State of Incorporation:	<input type="text"/>

LINE OF CREDIT REQUEST

Credit Line Requested:	<input type="text"/>
Primary Use of Funds:	<input type="checkbox"/> Working Capital <input type="checkbox"/> Inventory <input type="checkbox"/> Payroll <input type="checkbox"/> Equipment <input type="checkbox"/> Expansion
Describe Use of Funds:	<input type="text"/>

BUSINESS FINANCIALS

Annual Revenue:	<input type="text"/>	Monthly Revenue:	<input type="text"/>
Gross Profit Margin:	<input type="text"/>	Net Profit (Annual):	<input type="text"/>
Accounts Receivable:	<input type="text"/>	Accounts Payable:	<input type="text"/>
Current Bank Balance:	<input type="text"/>	Monthly Payroll:	<input type="text"/>
Existing Credit Lines:	<input type="text"/>	Total Business Debt:	<input type="text"/>



STALLIONGATES CAPITAL

BUSINESS LINE OF CREDIT APPLICATION

Page 2 - Owner Information & Authorization

OWNER / GUARANTOR INFORMATION

Full Legal Name:	<input type="text"/>		
Title/Position:	<input type="text"/>	Ownership %:	<input type="text"/>
SSN:	<input type="text"/>	Date of Birth:	<input type="text"/>
Home Address:	<input type="text"/>		
Email:	<input type="text"/>	Cell Phone:	<input type="text"/>
Credit Score (est.):	<input type="text"/>		

REQUIRED DOCUMENTS CHECKLIST

- Last 3 months bank statements
- Last 2 years business tax returns
- Last 2 years personal tax returns
- Year-to-date profit & loss statement
- Balance sheet
- Business license
- Voided business check
- Driver's license (front & back)

AUTHORIZATION & SIGNATURE

I certify that all information provided in this application is true and complete. I authorize Stalliongates Capital and its lending partners to verify all information, obtain credit reports, and share information with potential lenders for the purpose of evaluating this credit request.

Signature:	_____	Date:	<input type="text"/>
Print Name:	<input type="text"/>		