Working Capital Application

GOLD COAST COMMERCIAL CREDIT

Loan Request Information

Loan Amount:	Purpose of Funds: --Select--

Customer Information

Business Legal Name:		DBA/Trade Name:	
Primary Street Address:		Business Phone #:	Years in Business:
City:	State: --Select--	Zip:	
Business Contact Name:		Business Contact Email:	

Business Structure:	Corp	LLC	Sole Prop	LP/LLP	Municipality	Non-Profit
(Check One):	○	○	○	○	○	○

Personal Guarantor #1 (100% ownership required - Upload additional guarantor form if necessary)

First Name:	Last Name:		
Title:	% Ownership:		
Home Street Address:		Social Security #:	
City:	State: --Select--	Zip:	
Email:		Home Phone:	

Personal Guarantor #2 (100% ownership required - Upload additional guarantor form if necessary)

First Name:	Last Name:		
Title:	% Ownership:		
Home Street Address:		Social Security #:	
City:	State: --Select--	Zip:	
Email:		Home Phone:	

Credit Authorization & Release

The applicant and guarantor certify all information provided in this application is true, complete, and submitted for the purpose of obtaining commercial capital. Each signer authorizes Gold Coast Commercial Credit, its affiliates, funding partners, and any designated credit sources to obtain and review business and/or consumer credit reports now and at any time in connection with credit evaluation, underwriting, collection activity or future credit extensions. This authorization includes contacting banks, creditors, landlords, and trade references to verify credit and financial information, and also permits the release of such information. A photocopy or electronic copy of this authorization shall be considered as valid as the original. Each signer acknowledges they may request disclosure of whether a consumer report was obtained and, if so, the name and address of the reporting agency.

Personal Guarantor #1 Signature:	Date:
Personal Guarantor #2 Signature:	Date: