

GIBRALTAR FINANCIAL CORPORATION
APPLICATION FOR FINANCIAL SERVICES

Company Name _____

Street Address _____

City/St/Zip _____ County _____

Phone _____ Fax _____ Fed Tax I.D. # _____

Contact _____ E-mail _____

Date Started _____ Corp, Ptnr, Prop, other _____ State of Organization _____

Business Description _____

PRINT officers/owners

#1

#2

Name		
Address		
City St Zip		
SS#		
Title, % own		

Please use additional sheet for more officers and/or owners. Sales Volume Past 6 Months \$ _____

Bank/Lender Name Address Phone Contact Checking a/c #

1 _____
_____ Loan Bal _____

2 _____
_____ Loan Bal _____

Do you sell to anyone you owe money to, e.g. a supplier? _____

Avg invoice size _____ Avg # invoices/month _____ Selling Terms: _____

Amount of cash needed now _____ Purpose? _____

List your 5 largest present customers using their exact corporate name and headquarter address:

Exact Corporate Name Headquarter City St Zip HQ Phone-not toll free Pres Bal Owing

1 _____

2 _____

3 _____

4 _____

5 _____

Applicant and applicant's officers and owners (Applicant) represent and warrant all the above is true and complete and understands Gibraltar may rely on the above to make cash advances to Applicant. Applicant and officers/owners authorize Gibraltar to contact references and credit bureaus and after the application is approved, to file UCC financing statements to speed the funding process. **To begin the application process, fax this application and a sample invoice to GFC at 847-272-9765.**

Signed _____ Dated _____

GIBRALTAR FINANCIAL CORPORATION...SERVING THE BUSINESS COMMUNITY SINCE 1951

Source [www](http://www.gibraltarfc.com)