

Corporate Capital LLC

610 Uptown Blvd Suite 2000

Cedar Hill, Texas 75104

469-523-1371

**Business Line of Credit**

**Applicant Profile:**

Applicant's Legal Name (under which tax returns are filed) \_\_\_\_\_

Business Name (if different from above) \_\_\_\_\_

Business Federal Tax ID # ( for Sole Proprietor Social Security #) \_\_\_\_\_

**Applicant's Business Address**

Street Address (No P.O. Boxes or Mail Stop): \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Email: \_\_\_\_\_ Business Phone: (\_\_\_\_\_) \_\_\_\_\_

Signature of Applicant or its authorized representative \_\_\_\_\_

**Type of Business**

Retail  Wholesale  Manufacturer  Service

Description of Applicant's Business: \_\_\_\_\_

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Business Deposit Balances (identify both current balances(s) and depository institutions) \_\_\_\_\_

**Ownership Structure**

Sole Proprietor  C Corporation  S Corporation  Limited Liability Company (LLC)  Limited Liability Partnership (LLP)

General Partnership  Limited Partnership  Other \_\_\_\_\_

Date Business Established: \_\_\_\_\_ State in Which Business Is Organized: \_\_\_\_\_

Number of Employees: \_\_\_\_\_ Previous Year Revenue/Sales: \$ \_\_\_\_\_ Previous Year Net Income \$ \_\_\_\_\_

**Request for Credit**

Requested Credit Limit: \$ \_\_\_\_\_ [Not to exceed \$100,000]

Purpose for Requested Line of Credit

Accounts Receivable  Equipment Financing  Improvement  Inventory  Refinance Debt  Other \_\_\_\_\_

Please provide one of the following forms of primary identification documents:

Articles of Incorporation  Articles of Organization  Certificate of Limited Partnership  Partnership Agreement

Business License  Certificate of Good Standing  Trust Agreement

**Owner Profile**

**Owner # 1**

Legal Name: \_\_\_\_\_

Social Security Number \_\_\_\_\_ Personal Email Address \_\_\_\_\_

I.D. Type (e.g. Driver's License) \_\_\_\_\_ State Of Issuance (country in Non-USA)

I.D. Number: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Primary Residential Street Address: \_\_\_\_\_

City : \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Time at Address: \_\_\_\_\_ years  Own  Rent Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

U.S. Citizen:  Yes  No If No, country of origin: \_\_\_\_\_

Personal Net Worth: \_\_\_\_\_ Monthly housing payment(s) \_\_\_\_\_ Last Year's Annual Income \_\_\_\_\_

Percentage Business Ownership: \_\_\_\_\_ Length of Time as Owner: \_\_\_\_\_ Title: \_\_\_\_\_

**Owner # 2**

Legal Name: \_\_\_\_\_

Social Security Number \_\_\_\_\_ Personal Email Address \_\_\_\_\_

I.D. Type (e.g. Driver's License) \_\_\_\_\_ State Of Issuance (country in Non-USA)

I.D. Number: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Primary Residential Street Address: \_\_\_\_\_

City : \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Time at Address: \_\_\_\_\_ Years  Own  Rent Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

U.S. Citizen:  Yes  No If No, country of origin: \_\_\_\_\_

Personal Net Worth: \_\_\_\_\_ Monthly housing payment(s) \_\_\_\_\_ Last Year's Annual Income \_\_\_\_\_

Percentage Business Ownership: \_\_\_\_\_ Length of Time as Owner: \_\_\_\_\_ Title: \_\_\_\_\_