

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: _____

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: _____