







COMPANY INFORMATION

Legal Name of Company liste	d on Articles of Incorporation	1:	
DBA, if applicable:			
Address:		City:	State:
County:		Zip:	
Phone:/	Fax:/	Cell:/	Website:
Company is a: Corporatio	n 🗌 Partnership 🗌 Propr	rietorship 🔲 LLC 🛛 Fe	ederal Tax ID#:
Please list any prior companie	s or other names used over	the past five years:	
Date business started:	Number of years unde	r same ownership:	State of Incorporation:
Monthly Sales: \$	Amount to Fund: \$	# of Custom	ners: Sales Terms
Nature of business:			
Are there any judgments or lie	ens filed against you, any cor	npany principals or the	e corporation? 🗌 Yes 🗌 No
If yes, please explain			
CURRENT FINANCING Do you have any outstanding Lender	Amount Outstanding	Collater	_
Have you ever financed or fac	ctored any of your receivable	es? ☐ Yes ☐ No If y	res, with whom?
Were you a recipient of a Payo Was the loan eligible for forgiv	-	an (PPP) 🗌 Yes 🗌 N	lo If yes, how much \$
BANKING INFORMATION	1		
Name of Bank:	Date Acc	count Opened:	Number of Accounts:
Business Checking Account N	lumber:	Do you maintain	a separate payroll account 🔲 Yes 🗌 No
Contact Person:	Title:	Phone:/ _	Fax:/
			CONTINUES





TAX INFORMATION

Has the applicant filed	the last two years	of business tax returns	Yes 🗌 No		
Do you utilize a payroll a	and/or PEO service	? 🗌 Yes 🗌 No 🛛 If yes, plea	ase list name:		
How often do you file 941 payroll taxes? 🔲 Weekly 🗌 Monthly 🔲 Quarterly 🔲 Annually					
Are your Federal/State p	bayroll taxes curren	t? 🗌 Yes 🗌 No If no, plea	ase list type, amount & quarters delinquent:		
Have any tax liens been	filed?	No Are you currently obligat	ed to any installment Agreements? 🗌 Yes 🗌 No		
Are the Officers and/or I	Principals delinquer	nt in any tax obligations? 🔲 Y	es 🗌 No If yes, please explain:		
Do you collect Any State	e / Local Sales Taxe	s for goods or services?	es 🗌 No If yes, are you current on your tax		
remittances? 🗌 Yes [No If no, please	explain:			
How did you hear of Ga	teway Commercial	Finance?			
CUSTOMER INFORM	IATION				
Please list your compan	y's five largest cust	omers:			
Company Name:			Phone:/		
City:	State:	Monthly Sales: \$	Average invoice amount: \$		
Company Name:			Phone:/		
City:	State:	Monthly Sales: \$	Average invoice amount: \$		
Company Name:			Phone:/		
City:	State:	Monthly Sales: \$	Average invoice amount: \$		
Company Name:			Phone:/		
City:	State:	Monthly Sales: \$	Average invoice amount: \$		
Company Name:			Phone:/		
City:	State:	Monthly Sales: \$	Average invoice amount: \$		
Do you provide any goo	ods and/or services	on a contra basis? 🗌 Yes 🛛	No If yes, please list:		
Do you provide any goo	ods and/or services	under any contracts or vendo	r agreements? 🔲 Yes 🔲 No		

CONTINUES







OFFICER / PRINCIPAL INFORMATION

Full Name:		S	ocial Security Number:	//
Home Address:		City:	State:	Zip:
Email:				
Title:	_Ownership%:	_ Have you filed ta	x returns in the last 2 years?	Yes No
Full Name:		S	ocial Security Number:	//
Home Address:		City:	State:	Zip:
Email:				
Title:	_Ownership%:	_ Have you filed ta	x returns in the last 2 years?	Yes No
Full Name:		S	ocial Security Number:	//
Home Address:		City:	State:	Zip:
Email:				
Title:	_Ownership%:	_ Have you filed ta	x retursn in the last 2 years?	Yes No

SUPPORT DOCUMENTATION

The following additional information is needed by Gateway Commercial Finance ("GCF") to determine the feasibility of extending a funding facility to your company. Please include with your completed application:

- Accounts Receivable summary listing invoices from invoice date (please provide up-to-date information)
- Accounts Payable summary (please provide up-to-date information)
- Most recent financial statements (if available) and in detailed format
- Sample invoice or billing form(s)

ACKNOWLEDGEMENT

The foregoing information is true and correct to the best of my knowledge and is given to GCF for the express purpose of determining the feasibility of obtaining funding. I hereby do authorize GCF or its agents, assigns, lenders, lessors or funding sources to verify and investigate any an all of the foregoing statements, including but not limited to, my/our creditworthiness and financial responsibility, in any way they may choose. I/ We grant GCF, the right to procure any and all credit reports pertaining to any party listed in this application, but not limited to, all principals of the applicant company. By my signature below, I am duly authorized and exclusively authorized by the parties listed above to grant this permission.

Prepared And Consented by:

Signature:	Print Name:
Title:	Date:

SUBMIT

OR PLEASE PRINT, SIGN AND FAX THE COMPLETED FORM. F. 561-734-2708



Factoring Ledgered Lines P.O. Funding

Contact a decision maker now!

CESAR GARCIA 561-424-2951 | cesar.garcia@gatewaycfs.com gatewaycfs.com