

**109 Hay Street, Ste. 202, The Hub
Fayetteville, NC 28301
Tele (910) 688-5077
Email: contact@thewhitecoatadvantage.com
Website: www.thewhitecoatadvantage.com**

Name:				
1. Family Reference:			Phone:	
Address:				
2. Family Reference:			Phone:	
Address:				
Banking Information				
Bank Name:			Account:	
Contact:			Phone:	Fax:
Bank Name:			Account:	
Contact:			Phone:	Fax:
Insurance Carrier Information				
Company Name:			Policy:	
Contact:	Phone:		Fax:	
Organization/Management				
Have you, or your business, ever been sued or received punitive penalties? (yes or no) If Yes explain why?				
Has your driver's license ever been revoked or denied? (yes or no) If Yes explain why ?				
Have you or your business ever filed for bankruptcy? (yes or no) If Yes explain why?				

IMPORTANT: Please fill out all information requested

Debt Schedule						
Lender	Start Date	Due Date	Lease or Loan	Original Amount	Balance	Mo. Payment
Paid for Equipment						
Equipment Description		Number of Units		Estimated Market Value		Year
Real Estate Schedule						
Address of Real Estate Owned		Estimated Market Value	Homestead, Residential, Commercial, Industrial		2nd Mortgage	

IMPORTANT: Please fill out all information required
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Receivables		
Purpose and Amount		
Electronic Receivables Financing - (All Industries)		Amt \$
Structured Financing- (All Industries) Short and Long term loans in one package		Amt \$
Equipment Leasing (All Industries)		Amt \$
Mergers, Acquisitions, Buy-Out/ In		Amt \$

Authorization To Obtain Credit

By signing below, each undersigned individual who is either a principal of the finance / lease application listed below or a personal guarantor of its obligations, provides written instruction to The Great American Health Bancorp or its Designee (and any Assignee or Potential Assignee thereof) authorizing review of his/her credit profile considering the application of the credit application and subsequently for the purpose of updating, renewal, or extension of such credit and for reviewing or collecting the resulting account. A photocopy or facsimile of this authorization shall be valid as the original. In addition to authorizing review of My/Our credit profile from any national credit bureau, the undersigned also authorizes My/Our financial institutions and creditors to release credit information required by Lesser or its Designee (and any Assignee or Potential thereof).

IMPORTANT: Please fill out all information requested

Pre-Qualification and Presentation of Proposal: The below listed documents will be required to continue the application process

1. Completed Application

2. Last two years Tax Returns

3. Last two years annual Financial Statement (Income Statement and Balance sheet- Accrual Basis)

4 Current Interim Financial Statement (Income Statement and Balance sheet- Accrual Basis)

5. Current Accounts Receivable Aging Report(s) (if available)

6. Current Accounts Payable Aging (Debt Schedule)

7.-List of Equipment Owned and/or financed with estimated market value and/ or balance owed when applicable

8. Copy of equipment to purchase quote or invoice

9. Schedule of Real Estate Owned

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Company Name: _____
Print Name: _____
Signature: _____
Date: _____