

 **FIRST TRUST CAPITAL  
FINANCIAL**

1642 WESTWOOD BLVD. SUITE 200 WESTWOOD, CA 90024  
Tel. 310.475.9922 Fax 310.475.9901  
[www.FTCFINC.COM](http://www.FTCFINC.COM)

Please check if applicable:

- No Bankruptcies, Foreclosures or Repossessions in the last 10 years.
- No Currently Past-Due Accounts
- No Late Payments in the last 2 years (Less than 30 days late is OK)
- Personal Experian Credit Score at least 720-700 if your Business processes Credit Cards.

Maximum Amount of Credit Desired: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Company Title: \_\_\_\_\_

Ownership % \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

SS# \_\_\_\_\_ DOB \_\_\_\_\_ Drivers license \_\_\_\_\_ Exp. \_\_\_\_\_

DL issuing State \_\_\_\_\_ Issuing Date \_\_\_\_\_ Do you own/rent \_\_\_\_\_

Current Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ Yrs/mnth \_\_\_\_\_

Nearest Relative not living with you \_\_\_\_\_ Relative's phone # \_\_\_\_\_

**Business Information**

Full Legal Business Name \_\_\_\_\_

Doing Business As: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax \_\_\_\_\_ EIN/Tax Id# \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ Business Entity \_\_\_\_\_ State of Incorporation \_\_\_\_\_

Date Incorporated \_\_\_\_\_ Number of Employees \_\_\_\_\_ Business Type \_\_\_\_\_

Primary Bank Name \_\_\_\_\_

**Business Financial Information**

**Income**

Gross sales \_\_\_\_\_ Net Income \_\_\_\_\_ Previous Year Gross \_\_\_\_\_ Net \_\_\_\_\_

**Assets**

Business Liquid Assets (checking/savings/bonds/etc.) \_\_\_\_\_ Accounts Receivables \_\_\_\_\_  
(Invoices your clients have not paid yet)

Accounts Payable \_\_\_\_\_  
(Bills your business has not paid yet)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date