



Car Wash Finance Program

Offered By: Coast Commercial Credit, LLC

Legal Name of Company		Amount Requested		Term Requested			
Use of Proceeds				Estimated Funding Date			
Business Address		City	State	Zip	County		
Equipment Location		City	State	Zip	County		
Contact / Title		Phone Number		Fax Number			
E-Mail Address	Federal Tax ID#	Years in Business		Annual Net Profit			
Landlord Name & Address		Insurance Company Name & Address					
Type of Business		Corp. <input type="checkbox"/>	S-Corp. <input type="checkbox"/>	Partner. <input type="checkbox"/>	Proprietor. <input type="checkbox"/>	L.L.C. <input type="checkbox"/>	Number of Employees

Principal Information For All Owners

Full Name	Home Address		City	State	Zip
SSN	Date of Birth	# of Locations Currently Own	% of Ownership	Years Experience in Industry	
Full Name	Home Address		City	State	Zip
SSN	Date of Birth	# of Locations Currently Own	% of Ownership	Years Experience in Industry	
Full Name	Home Address		City	State	Zip
SSN	Date of Birth	# of Locations Currently Own	% of Ownership	Years Experience in Industry	

Business Bank References

Bank	Account Name	Account Number	Contact	Phone Number	Balance

Business Loan / Lease References

Lender/ Institution	Account Name	Account Number	Contact	Phone Number	Balance

AUTHORIZATION FOR DISCLOSURE OF CREDIT INFORMATION

Because I have applied to Coast Commercial Credit, LLC for financing, I hereby authorize you to disclose to Coast Commercial Credit or its assignees the personal and/or business information as may be required concerning the above statements or attached enclosures within the framework of the Fair Credit Reporting Act. I hereby represent to Coast Commercial Credit or its assignees that such information is true, correct and complete. A Photostatted copy of this authorization shall be valid as the original. The applicant agrees that Coast Commercial Credit or its assignees have the right to confirm the accuracy of the above credit information and that Coast Commercial Credit or its assignees have the right to accept or reject this credit application. The applicant understands that Coast Commercial Credit or its assignees are relying on the credit application and financial statements submitted by the applicant in making its decision in whether to approve the credit request. The applicant agrees to inform Coast Commercial Credit or its assignees immediately of any matter that will cause any significant change in the applicant's financial condition. The applicant agrees to irrevocably release Coast Commercial Credit or its assignees from any and all liability associated with this transaction. The applicant irrevocably authorizes Commercial Credit or its assignees to execute and file UCC financing statements and/or execute credit request authorizations in any and all names related to this transaction.

SIGNATURE	TITLE	DATE	SIGNATURE	TITLE	DATE
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Coast Commercial Credit, LLC

536 E. Lehigh Drive, Deltona, FL 32738

Toll Free Telephone: 1-800-400-0365, Toll Free Facsimile: 1-888-400-0365