

Bank of Louisiana



Private Label Merchant Funding Initial Information Questionnaire



Equal Housing Lender

NOTE: To begin your request for a Merchant Private Label Credit Card Program this information must be returned completed to Bank of Louisiana. Any missing information may delay the start up process.

General Information

Corporate Name: _____

Doing Business As (DBA): _____

Headquarters Physical Address: _____

Mailing Address (If different) _____

Federal Tax ID: _____ State of Incorporation _____

State Occupational License # _____ Contractor's State License # _____

1. Business Structure: Corporation LLC S-Corp Sole Proprietorship Partnership

2. Number of Locations: _____ Years in Business: _____ Years under current Ownership: _____

3. **Principal Officers/Owners:** (President, Secretary, Treasurer, etc.)

Name: _____	Title: _____
Social Security #: _____	*Signature: _____
Phone: _____	E-Mail: _____

Name: _____	Title: _____
Social Security #: _____	*Signature: _____
Phone: _____	E-Mail: _____

Name: _____	Title: _____
Social Security #: _____	*Signature: _____
Phone: _____	E-Mail: _____

Please Note

***Signature allows Bank of Louisiana to run a Dunn & Bradstreet credit review on the company and a credit review of the ownership and/or the key officer(s) listed.**

Please list the Primary Contact person - _____

Financial Information

Present Debt – Business:

Total Loans: High credit _____ Number of loans Outstanding _____

Present Outstanding \$ _____ Secured: † Yes † No

Average Interest Rate _____, Type/Maturity _____

Lines of credit: Number _____, High credit _____, Low Credit _____

Business Income Information:

2017:

Sales: \$ _____ Taxable Income: \$ _____

Total Assets: \$ _____ Total Liabilities: \$ _____ Net Worth: \$ _____

2016:

Sales: \$ _____ Taxable Income: \$ _____

Total Assets: \$ _____ Total Liabilities: \$ _____ Net Worth: \$ _____

2015:

Sales: \$ _____ Taxable Income: \$ _____

Total Assets: \$ _____ Total Liabilities: \$ _____ Net Worth: \$ _____

Accounts: Business Direct or Related Account(s):

1. **Checking:** Direct _____; Related _____; Account Number: _____

Approximate Average Balance last 3 months: _____

2. **Savings/CD:** Direct _____, Related _____; Account Number: _____

Approximate Average Balance last 3 months: _____

3. **Other:** Direct _____, Related _____; Account Number: _____

Approximate Average Balance last 3 months: It is _____

Please provide a copy of your last two years –audited- year-end financial statements. Sole proprietorships and LLC please provide federal tax returns for the two previous years for the majority principals.

Misc. Information – Prior History – Officers comments:

I certify the above information to be correct to my best knowledge:

Signature

Print Name

Title

Accounts Receivable

Complete the following Accounts Receivable section if you have existing Accounts Receivables!

1. Are there existing accounts receivables? –Operated in-house or by a 3rd party source: † Yes † No
 - a. If Yes, Are you under contract, and if so when does it expire? _____
2. Please provide a copy of each of the following documents/forms you currently use:
 - a. Credit application for each charge type, (i.e. Business/Consumer)
 - b. Disclosure statement for each charge type
 - c. Copy of your monthly billing statement.
 - d. Copy of repayment terms – (i.e. 2% discount, 10 days, Net 30 days)
3. In House Charges: Average Sale: \$ _____ Last year's total sales: \$ _____
4. How are Private Label accounts authorized and transmitted for purchases: _____
5. Please check any special billing preferred: † Billing Date _____
6. Current Aging of Accounts Receivable: Six-month history
 - a. Total Number of Accounts _____; Average Number of Active Accounts _____
 - b. Number of Accounts with balances: _____, Without balances: _____
 - c. Total outstanding: \$ _____; Current Outstanding: \$ _____
 - d. Number of PAST-DUE accounts _____; Amount PAST-DUE \$ _____

Note: Our system is based on unsecured, revolving credit. Unsecured revolving credit considers if part of a balance is past due, the entire balance is PAST DUE!

Accounts PAST-DUE	
30 days: Number _____	\$ _____
60 days: Number _____	\$ _____
90 days: Number _____	\$ _____
120 days: Number _____	\$ _____
150 days: Number _____	\$ _____
179 days: Number _____	\$ _____
> 179 days: Number _____	\$ _____

- A. 2017 – Charge-off Dollar Amount: \$ _____
- B. 2016 – Charge-off Dollar Amount: \$ _____
- C. 2015 – Charge-off Dollar Amount: \$ _____
- D. Briefly explain your charge off policy: _____

Merchant Operations

Please attach your 2 previous months Visa / MasterCard merchant statement.

1. Do you currently accept major credit cards: † Yes † No
2. Are you interested in Bank of Louisiana's Visa/MasterCard program? † Yes † No
3. Approximate annual sales volume with Visa/MasterCard: _____.
4. Total Sales: Consumer _____%; Business-2-Business _____%
5. Average sale with Visa/MasterCard: \$ _____
6. Type of equipment (Software, Terminal, Register): _____
7. If you use credit card terminals, do you rent, own, or lease? _____

Upon receipt of this completed questionnaire, Bank of Louisiana will review its contents by performing our due diligence as required by internal banking requirements and FDIC requirements and either approve or decline your company for the Private Label Credit Card Program through Bank of Louisiana. During the interim we will speak and review details as required. Of course you may contact me at any time to discuss any subject related to this topic.

Upon approval you will receive a contract that will outline all investments and operating expenses. We prefer to take a jointly integrated effort with respect to this program as it is a partnership.

I sincerely hope to be working with you and your staff very soon.

*Stacie Daley
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