

# 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:**

<b>2018:</b>		
Sales: \$ _____	Taxable Income: \$ _____	
Total Assets: \$ _____	Total Liabilities: \$ _____	Net Worth: \$ _____
<b>2017:</b>		
Sales: \$ _____	Taxable Income: \$ _____	
Total Assets: \$ _____	Total Liabilities: \$ _____	Net Worth: \$ _____
<b>2016:</b>		
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:**

\_\_\_\_\_  
\_\_\_\_\_

<b>I certify the above information to be correct to my best knowledge:</b>		
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 3<sup>rd</sup> party source:  NO;  DS; Yes  NO;  DS; 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:  NO;  DS; 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!*

<b>Accounts PAST-DUE</b>	
<b>30 days: Number</b> _____	\$ _____
<b>60 days: Number</b> _____	\$ _____
<b>90 days: Number</b> _____	\$ _____
<b>120 days: Number</b> _____	\$ _____
<b>150 days: Number</b> _____	\$ _____
<b>179 days: Number</b> _____	\$ _____
<b>&gt; 179 days: Number</b> _____	\$ _____

- A. 2018 – Charge-off Dollar Amount: \$ \_\_\_\_\_
- B. 2017 – Charge-off Dollar Amount: \$ \_\_\_\_\_
- C. 2016 – 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? \_\_\_\_\_

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*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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