

HANCOCK COUNTY PORT AND HARBOR COMMISSION

CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION			
Company name		Date business commenced	
Phone Fax		<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other	
E-mail			
Registered company address			
City, State & ZIP Code			
Company taxpayer ID number		Company website address	

CONTACT AND CREDIT INFORMATION			
Main POC name		Bank name:	
Contact phone & email		Primary business address	
Chief executive name		City, State & Zip Code	
Contact phone & email		Phone	
Accounts payable contact name		Account number	
Contact phone & email		Type of account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other

BUSINESS/TRADE REFERENCES			
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Other	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Other	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Other	

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. By submitting this application, I am authorizing HANCOCK COUNTY PORT & HARBOR COMMISSION to make inquiries into the banking and business/trade references and to investigate the background of the company and to perform credit checks, including the specific authorization of the use of information services and outside entities of the company's choice to perform such investigations and credit checks.
3. I hereby certify that the information contained herein is complete and accurate.

SIGNATURES			
Signature		Signature	
Name and Title		Name and Title	
Date		Date	

Completed may be emailed to hcphcacctg@hcphc.ms or mail to HCPHC – Finance Department - 14054 Fred & Al key Road, Kiln, MS 39556.

Hancock County Port and Harbor Commission is collecting the information on this form to make decisions related to your business expansion or location in Hancock County. Records furnished to public bodies by third parties which contain trade secrets or confidential commercial or financial information should be plainly marked as such. In the event these records are requested you will be provided twenty-one (21) days to file a protective order in accordance with the Mississippi Rules of Civil procedure.

For questions or to personally deliver documents please contact Tonya Ladner, Director of Finance at 228-467-9231 or via email @ tladner@hcphc.ms.

ADDITIONAL INFORMATION TO BE PROVIDED			
required	received	BUSINESS INFORMATION	
		A	Financial Statements (3 years historical)
		B	YTD Profit & Loss Statement (dated within last 60 days)
		C	YTD Balance Sheet (dated within last 60 days)
		D	List principals with 20% or more ownership and each officer or director
		E	Business Registration and/or License
		F	Business Tax Returns (3 years)
		If applicable:	
		G	Current Accounts Receivable and Accounts Payable Aging Schedules
		F	Debt & Lease Schedules (include original loan amount and date, term, interest rate, monthly or annual payments)
		If this is a business startup or acquisition:	
		I	Total Project Cost and Sources and Uses of Funds
		J	Pro-Forma Financial Statements (3 years)
PERSONAL FINANCIAL INFORMATION			
		K	Personal Financial Statement
		L	Personal Tax Returns (2 years)
		M	Personal resume or CV