

Referred By:

BUSINESS INFORMATION

Legal Business Name:		DBA (if different):	
Legal Entity: <input type="checkbox"/> Corp <input type="checkbox"/> LLC <input type="checkbox"/> Sole Prop <input type="checkbox"/> LP <input type="checkbox"/> Other _____		Date Business Established: (MM/DD/YYYY):	
Business Classification: <input type="checkbox"/> Retail <input type="checkbox"/> Restaurant <input type="checkbox"/> Services <input type="checkbox"/> Manufacturer/Wholesaler <input type="checkbox"/> Internet <input type="checkbox"/> Mail Order/Telephone Order			
Physical Address:			
Mailing Address:			
Business Phone:		Business Fax:	
E-Mail:		Website:	
Tax ID Number or Business Number:		Terminal/POS Make/Model:	
Property Ownership: <input type="checkbox"/> Lease <input type="checkbox"/> Own		Years in Control: _____ Months in Control: _____	
Landlord / Mortgage Company Name:		Products Sold:	
Landlord / Mortgage Company Phone:		Landlord Contact Name:	
Has the business or any principal ever filed for Bankruptcy Protection? <input type="checkbox"/> Yes <input type="checkbox"/> No		Rent / Mortgage Payment: \$	
		Are there any pending, threatened, or recently filed claims, judgments or tax liens against the business or any principals? <input type="checkbox"/> Yes <input type="checkbox"/> No	

OWNER / PRINCIPAL INFORMATION

Name:		Title:	% of Ownership:
Home Address:			
Home Phone:		Cell Phone:	
E-Mail:			
Date of Birth (MM/DD/YY):		Social Security	
Drivers License #:		Drivers License State	

OWNER / PRINCIPAL INFORMATION

Name:		Title:	% of Ownership:
Home Address:			
Home Phone:		Cell Phone:	
E-Mail Address:			
Date of Birth (MM/DD/YY):		Social Security	
Drivers License #:		Drivers License State	

COMPANY INFORMATION

Average Monthly Card Sales: \$	Total Monthly Sales: \$	Annual Gross Sales: \$
Desired Funding Amount: \$		Use of Funds:
Current Loan/Advance Balance? <input type="checkbox"/> Yes: *Balance \$ _____ Held With: _____ <input type="checkbox"/> No Current Loan/Advance		

TRADEREFERENCES

COMPANY (Largest Vendors)	CONTACT NAME	CONTACT PHONE NUMBER

By signing below, the Merchant and its Owners / Principals certify that all information and documents submitted in connection with this Application are true, correct and complete. Additionally, I authorize the lender or any of its agents, partners, and affiliates to obtain and use non-business consumer credit reports and any other information regarding the Merchant and its Owners and Principals from third parties, to verify any information provided on the Application.

Owner/
Principal Signature: _____

Co-Owner/
Co-Principal Signature: _____ Date _____

Print Name: _____

Print Name: _____ Date _____

General Authorization

To Whom It May Concern:

I/we _____ (Business owner(s) / Principal(s),
hereby authorize the release of any and all information pertaining to my/our business known as:
_____ (Legal Name of Business / DBA), as
requested by the lender or any of their affiliates, agents, representatives in connection with my/our application.

This General Authorization also serves as instruction to any person to release the requested information, including but not limited to: deposit accounts, merchant accounts, payment cards processing accounts, credit references/verifications, payment history, balance, status, etc.

The undersigned hereby consent(s) the lender to obtain and use non-business consumer credit reports on the undersigned in order to further evaluate the undersigned as principal(s), member(s), partner(s), proprietor(s) and/or guarantor(s) and to obtain and use business information from, but not limited to, credit report bureaus, Dun & Bradstreet or its equivalent, public records, UCC or PPSA Holders, banks, financial institutions, landlords, vendors, suppliers, etc.

I/we attest that the information submitted in the application is correct to the best of my/our knowledge and has been submitted voluntarily.

A photocopy or facsimile of this authorization shall be deemed to be the equivalent of an original.

Owner/Principal Print Name

Owner/Principal Print Name

Owner/Principal Signature

Owner/Principal Signature

Date

Date

Business Name _____

Business Address _____

Business Phone _____

PLEASE ANSWER THE FOLLOWING QUESTIONS

Owner / Principal Name:	
% of Business Ownership?	
How many employees do you have (W-2)?	
Do you pay yourself a salary from the business (W-2)?	
If yes, how much is your annual salary?	
Do you have any outstanding <u>business</u> debts? Please list below.	
Do you own or rent your home?	
How long have you lived at present address?	
How much is your monthly mortgage or rent payment for your primary residence?	

PLEASE LIST BUSINESS DEBTS

CREDITOR NAME	BALANCE	MO. PAYMENT	CREDIT LIMIT	ORIGINATION DATE	DO YOU PLAN TO REFINANCE THIS DEBT WITH THIS LOAN?	USE OF FUNDS

*For the purpose of this application, Credit Limits only refers to the limit of funds available on revolving lines of credit, credit cards or other kinds of revolving credit or debt.