



Rep./Referral Partner:



Phone: (800) 828-0306 Fax: (877) 277-1750

Company Information			
Type of Entity: <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> LP <input type="checkbox"/> LLP <input type="checkbox"/> Partnership <input type="checkbox"/> Prof. LLC <input type="checkbox"/> Prof. Corporation <input type="checkbox"/> Non Profit			
State/Province of Incorporation:	Federal Tax ID/BIN:	Number Of Locations:	Number of Employees:
Business Legal Name:		Doing Business As:	
Business Physical Address:		City:	State/Province: Zip/Postal Code:
Business Mailing Address (if different):		City:	State/Province: Zip/Postal Code:
Business Phone Number:	Business Fax Number:	E-Mail Address:	
Type of Business: <input type="checkbox"/> Retail <input type="checkbox"/> Wholesale <input type="checkbox"/> Service <input type="checkbox"/> Lodging <input type="checkbox"/> Manufacturing <input type="checkbox"/> Healthcare <input type="checkbox"/> Other:_____			
Business Established Date (mm/yy):	Length of Ownership: Years: ___ Months: ___	Product/Service Sold:	
Total Monthly Sales:	Monthly Credit Card Sales:	Seasonal Business: <input type="checkbox"/> Yes <input type="checkbox"/> No	Peak Sales Months:
Ownership Information			
1. Owner/Officer Name:		Social Security No./ Social Insurance No.:	Date of Birth:
Home Address (include Street, City, State/Province, Zip/Postal Code):		Title:	Ownership %: How Long At This Address:
Home Phone #:	Mobile Phone #:	Email Address:	
2. Owner/Officer Name:		Social Security No./ Social Insurance No.:	Date of Birth:
Home Address (include Street, City, State/Province, Zip/Postal Code):		Title:	Ownership %: How Long At This Address:
Home Phone #:	Mobile Phone #:	Email Address:	
Property Information			
Landlord/Mortgage Company Name and Contact Person:		Landlord/Mortgage Phone Number:	Time Remaining On Lease/Mortgage: Years: ___ Months: ___
<input type="checkbox"/> Own <input type="checkbox"/> Lease:	Approx Sq. Feet:	Monthly Lease/Mortgage Payment:	Lease Start Date (mm/yy):
Bank Information			
Bank Name:	Contact Name:	Phone Number:	
Trade References			
Vendor Name:	Contact Name:	Phone Number:	
Vendor Name:	Contact Name:	Phone Number:	
Questionnaire			
Is your business for sale?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, explain:	
Have you ever filed bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, explain:	
Do you have any federal or state tax liens?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, explain:	
Do you have an outstanding merchant cash advance(s) or short term business loan(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, what is the company name(s) and current balance(s):	
Are you current with your business property lease /mortgage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, by how many months:	
Amount Requested: \$		Intended Use of Funds:	

The Owner(s)/Officer(s) identified above (individually, an "Applicant") each represents, acknowledges and agrees that (1) all information and supporting documents are true, accurate and complete and that you will notify us of material changes to such information (2) Applicant authorizes us to disclose all information and documents that we may obtain including credit reports to other persons or entities (collectively, "Assignees") that may be involved with to acquire business loans having daily repayment features or purchases of future receivables including Merchant Cash Advance transactions and Revenue Based Funding transactions including without limitation the application (collectively, "Transactions") and each Assignee is authorized to use such information and documents with other Assignees, in connection with potential Transactions, (3) you are authorized to apply on behalf of the company whose full legal name appears above under the Company Information portion of the Application for Transactions (4) you understand that we and our representatives, successors, Assignees and designees (collectively, "Recipients") are authorized to request and receive any investigative reports, credit reports, statements from creditors or financial institutions, verification of information, verification of references or any other information that a Recipient deems necessary in evaluating your application (5) Applicant waives and releases any claims against Recipients and any information-providers arising from any act or omission relating to the requesting, receiving or release of information and (6) you expressly consent to receiving calls, SMS messages, faxes and e-mails from us, our affiliates, and Assignees and you may withdraw your consent by notifying us in writing.

1st Owner/Officer Signature

Date

2nd Owner/Officer Signature

Date