PARK SHORE
FINANCIAL

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BUSINESS INFORMATION					
LEGAL BUSINESS NAME:		DBA NAME :			
PHYSICAL ADDRESS:		CITY:		STATE:	ZIP:
MAILING ADDRESS:		CITY:		STATE:	ZIP:
BUSINESS PHONE:		BUSINESS FAX:	TYPE OF ENTITY:		
FEDERAL TAX ID (9 digits):		BUSINESS START DATE:		# OF LOCATIONS:	
BUSINESS PROPERTY TYPE: Rent ☐ Own ☐	MONTHLY RENT/MORTGAGE:		LANDLORD/BANK COMPANY NAME:		
LANDLORD/BANK CONTACT NAME:			LANDLORD/BANK PHONE:		
ANNUAL GROSS SALES:		AMOUNT REQUESTED:		USE OF FUNDS:	
EXISTING ADVANCE? Yes ☐ No ☐	IF SO, WITH WHO:			OUTSTANDING BALANCE:	

OWNERSHIP INFORMATION					
PRINCIPAL OWNER NAME	OWNERSHIP %	SSN#:		D.O.B.	
HOME ADDRESS:		CITY:		STATE:	ZIP:
HOME PHONE:	CELL:	E-MAIL ADDRESS:			
PRINCIPAL OWNER NAME:		SSN#:		D.O.B.:	
	OWNERSHIP %:				
HOME ADDRESS:		CITY:		STATE:	ZIP:
HOME PHONE:	CELL:	E-MAIL ADDRESS:			

Owner/Officer(s)

X _____
     (Signature)   (Print Name)   (Date)

X_____
     (Signature)   (Print Name)   (Date)