

TEL: (630) 662 - 5524 EMAIL: Info@parkshorefinancial.com

			BUSINESS IN	FORMA	ATION					
LEGAL BUSINESS NAME:				DBA NAME :						
PHYSICAL ADDRESS:				CITY:			STATE	:	ZIP:	
MAILING ADDRESS:				CITY:			STATE	:	ZIP:	
BUSINESS PHONE:			BUSINESS FAX: TYPE OF E			ENTITY:	NTITY:			
FEDERAL TAX ID (9 digits):			BUSINESS START DATE:				# OF L	# OF LOCATIONS:		
BUSINESS PROPERTY TYPE: MONTH Rent 🗌 Own 🔲 RENT/N			LY LANDLORD/BANK ORTGAGE:				К СОМРА	COMPANY NAME:		
LANDLORD/BANK C	CONTACT N	AME:		LAN	DLORD	BANK PHO	NE:			
ANNUAL GROSS SALES:			AMOUNT REQUESTED:			US	SE OF FUNDS:			
EXISTING ADVANCE? Yes IF SO, WITH W			НО:			JO	OUTSTANDING BALANCE:			
		9	OWNERSHIP	INFORM	ATION			5.01 C		
PRINCIPAL OWNER NAME			OWNERSH %	IIP	SSN#:			D.O.B.		
HOME ADDRESS:			CITY:				STATE:	ATE: ZIP:		
HOME PHONE:	CELL		E-MAIL	E-MAIL ADDRESS:						
PRINCIPAL OWNER NAME:			OWNERSI %:	OWNERSHIP %:				D.O.B.:		
HOME ADDRESS:			CITY:	1			STATE:	ZIP	:	
HOME PHONE: CELL:			E-MAIL	E-MAIL ADDRESS:						

By signing below, each of the above listed business and business owner/officer (individually and collectively, "you") authorize [Park Shore Financial LLC] and each of its representatives, successors, assigns and designees ("Recipients") that may be involved with or acquire commercial loans having daily repayment features or purchases of future receivables including Revenue Based Financing transactions, including without limitation the application therefore (collectively, "Transactions") to obtain consumer or personal, business and investigative reports and other information about you, including credit card processor statements and bank statements, from one or more consumer reporting agencies, such as TransUnion, Experian and Equifax, and from other credit bureaus, banks, creditors and other third parties. You also authorize Park Shore Financial LLC to transmit this application form, along with this application, to any or all of the Recipients for the foregoing purposes. You also consent to the release, by any(s) own behalf.

Owner/Officer(s)

(Signature)

(Print Name)

(Date)

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