



SEND WITH 4 MONTHS BANK STATEMENTS

BUSINESS INFORMATION

Legal/Corporate Name:		DBA:	
Physical Address:		City:	State: Zip:
Telephone #:	Fax #:	Federal Tax ID:	
Date Business Started:	Length of Ownership:	Website:	
Type of Entity (circle one): Sole Proprietorship Partnership Corporation LLC Other			Email Address:
Type of Business (circle all that apply): Retail MO/TO Wholesale Restaurant Supermarket Other		Product/Service Sold:	

MERCHANT/OWNER INFORMATION

Corporate Officer/Owner		Title: Owner	Ownership %:
Home Address:		City:	State: Zip:
SSN:	Date of Birth:	Home #:	Cell #:

PARTNER INFORMATION

Partner Name:		Title:	Ownership %:
Home Address:		City:	State: Zip:
SSN:	Date of Birth:	Home #:	Cell #:

Prior/Current Cash Advance Company (if applicable):	Payment amount (if applicable)	Balance:
Requested Advance Amount:	Monthly Deposit Volume:	

Applicant authorizes zending funding solutions llc, its assigns, agents, banks or financial institutions to obtain an investigative or consumer report from a credit bureau or a credit agency and to investigate the references given on any other statement or data obtained from applicant.

Applicant's Signature _____ Date _____