

Thank you for choosing *iFundAmerica* Commercial Financial Services.

Congratulations on taking the first steps necessary towards securing the working capital your business needs to grow! We promise to make your experience as fast and easy as possible.

First, we will need you to complete the application and begin to gather the necessary documentation.

We will need the following to submit your application:

- Last 4 months of complete bank statements (all pages)
- Last 4 months of credit card merchant processing statements (if applicable)
- Color Copy of your Driver's License (All 20% or more owners)

In the meantime, please make the following information accessible to speed up the funding process:

- Voided Check
- Business License
- Landlord Information
- Payoff and Zero Balance Letters

We look forward to helping you obtain all your financial goals, as we grow with your company. Please feel free to contact me at your discretion if you have any question, thank you.

Sincerely, Christopher Roman



Requested Amount						Representative		
		•				<u>Name</u> : Chris Roman		
						Office: (516) 730-9119		
						Cell:		
						Email:		
						return via email or fax. You are authorizing, <i>iFundAmerica</i>		
			ur busines	s and personal o		vide you with a formal funding pre-approval.		
Business Information Business Legal Name:					Owner Information - 1 Ownership %:			
D/B/A:					Name:			
Physical Address:					Address:			
City/State/Zip: Federal Tax ID:					City/State/Zip: Mobile Phone:			
Business Start Date:					Date of Birth:			
Legal Entity Type:					Social Security No:			
Industry Type:					Owner Information - 2			
Phone:					Ownership %:			
Fax:					Name:			
Email:	-				Address:			
Website:					City/State/Zip:			
Contact Name	ρ•		- IX		Mobile Phone:			
Contact I tuni					Date of Birth:			
					Social Securit			
				Rev	enue	<i>y</i> 1100		
Monthly Cred	lit Ca	rd Sales:	Month	ly Gross Sal		Gross Annual Sales:		
Willing Cred	nt Ca	ru baies.	Month	ly Gross Bar	CS	Gross Amuai Saics.		
Use of Funds:								
ese of funds.				Evictina	Advances			
Company:			Currer	t Balance:	Auvances	Daily Payment/Split%:		
Company:				t Balance:		Daily Payment/Split%:		
Company:			t Balance:		Daily Payment/Split%:			
Company			Curren		nformation	Dully Lugillonion Silvivo		
o Own:		Landlord/Mortgage	Holder:			Rent/Mortgage Amount:		
o Lease:		Contact:	<u> </u>			Current: Y/N		
o Home Bas	ed:	Phone:				If not how much owed?		
	0.00			Additional	Information			
Tax Liens: Y/	N	If yes, are you in a n			enjormanon			
Tax Liens: Y/N If yes, are you in a payment plan? Judgments: Y/N Bankruptcies: Y/N If yes, what year?						Outcome?		
o de agricio de la companya de la co	,,,,	DWILL OF DOCUMENT 1/1/	<u> y v.s</u> y 1112		ateral	O WWO ZINO		
Real Estate:	Typ	e: Residential/Comm	ercial	1	otal Value:	Amount Owed:		
Equipment:					otal Value:	Amount Owed:		
Inventory:								
I (Merchant) authorize	e iFundA	America, Corp, (iFA) to obtain				its owners/principals: (1) certify that all information and document		
submitted along with t	nis Appl	lication is true, correct and com	iplete; and (2) authorize <i>iFA</i> i	ts agents, partners, and	l lenders to receive credit reports and any other information regarding		

I (Merchant) authorize iFundAmerica, Corp, (iFA) to obtain a consumer credit report on me. The Merchant and its owners/principals: (1) certify that all information and documents submitted along with this Application is true, correct and complete; and (2) authorize *iFA* its agents, partners, and lenders to receive 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. I understand that credit inquiries have the potential to impact my credit score.

Print:	Signature:	Date:
Print:	Signature:	Date: