

**Company Information**

Legal Company Name:	
Website:	Industry:
Incorporation State:      Tax ID:	Legal Entity: <input type="checkbox"/> LLC <input type="checkbox"/> Corp <input type="checkbox"/> Sole Prop.
Business Address:	City:                      State:              Zip:
Business Start Date:	Business Telephone#:
Average Monthly Revenue:\$	Monthly Credit Card Processing:\$
Requested Financing Amount:\$	Use of Funds:
Existing Business Loan\Advance? Yes      No	If yes, list the loan balance:\$
do you owner rent location? Rent      Own	Monthly Rent/Mortgage:\$
Landlord/Bank Name:	Landlord Phone#:

**Business Owner Infomation(1)****Business Owner Infomation(2)**

Full Name:	Full Name:
% Ownership:	% Ownership:
Home Address:	Home Address:
City: State:      Zip:	City:                      State:              Zip:
Cell Phone:	Cell Phone:
Credit Score(Estimate):	Credit Score(Estimate):
Social Security NO:	Social Security NO:
Date of Birth:	Date of Birth:
E-mail Addresss:	E-mail Addresss:

**AUTHORIZATIONS**

By signing below, each of the listed business and business owner/officer (individually and collectively, "you") authorize ProPoint Capital "PPC" and each of its representatives, successors, assigns, and designees ("Recipients") that may be involved with or acquire commercial loans with daily repayment features or purchases of future receivables, including Merchant Cash Advance transactions (collectively, "Transactions"), to obtain consumer or personal, business, and investigative reports and other information about you. This includes 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 third parties. You also authorize PPC to transmit this application form, along with any of the information obtained in connection with this application, to any or all of the Recipients for the above purposes. Furthermore, you consent to the release, by any creditor or financial institution, of any information related to any of you to PPC and each of the Recipients on its own behalf.

Signature: X \_\_\_\_\_  
Name Printed: \_\_\_\_\_  
Date: \_\_\_\_\_

Signature: X \_\_\_\_\_  
Name Printed: \_\_\_\_\_  
Date: \_\_\_\_\_