



### Merchant Pre-Qualification Form

<b>Business Legal Name:</b>					<b>Business DBA Name:</b>								
<b>Type of Business Entity (Check One):</b> <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Ltd. Partnership <input type="checkbox"/> LLP <input type="checkbox"/> Sole Proprietor					<b>Primary Business Structure: (Check All That Apply):</b> <input type="checkbox"/> Home-Based Business <input type="checkbox"/> Franchise <input type="checkbox"/> E-Commerce <input type="checkbox"/> None of the Above					<b>Does the Merchant have any open MCA or loan accounts? (Check one):</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Federal Tax ID:</b>	
<b>Industry Type: (Describe)</b>		<b>Current Credit Card Processor:</b>		<b>State of Incorporation:</b>		<b>Use of Proceeds:</b>		<b>Business start date under current Ownership:</b>		<b>Merchant Email Address:</b>			
<b>Physical Street Address:</b>					<b>City:</b>		<b>State:</b>		<b>Zip Code:</b>		<b>Physical Location Phone #:</b>		
<b>Billing Street Address (If different than above):</b>					<b>City:</b>		<b>State:</b>		<b>Zip Code:</b>		<b>Billing Location Phone #:</b>		
<b>Preferred Contact Phone #:</b>		<b>Business Location(s):</b> <input type="checkbox"/> Rented <input type="checkbox"/> Mortgaged <b>Monthly Payment:</b>		<b>Avg. Monthly Credit Card Volume:</b>		<b>Avg. Transaction Amount:</b>		<b>Gross Annual Sales (from previous year's Tax return):</b>					
<b>List the Total Business Bank Deposits and # of Days with a Negative Balance</b>		<b>Last Month: -Total Bus. Bank Deposits:</b> \$ _____ <b># of Days with a Negative Balance:</b> _____		<b>Two Months Ago: Total Bus. Bank Deposits:</b> \$ _____ <b># of Days with a Negative Balance:</b> _____		<b>Three Months Ago: Total Bus. Bank Deposits:</b> \$ _____ <b># of Days with a Negative Balance:</b> _____		<b>Four Months Ago: Total Bus. Bank Deposits:</b> \$ _____ <b># of Days with a Negative Balance:</b> _____					
<b>List the Total VISA/MasterCard volumes:</b>		<b>Last Month:</b> \$ _____ # Tickets: _____		<b>Two Months Ago:</b> \$ _____ # Tickets: _____		<b>Three Months Ago:</b> \$ _____ # Tickets: _____		<b>Four Months Ago:</b> \$ _____ # Tickets: _____					
<b>Owner/Officer</b>					<b>Primary Contact</b> <input type="checkbox"/>					<b>Job Title:</b>			
<b>First Name:</b>		<b>Last Name:</b>		<b>SS#:</b>		<b>Date of Birth:</b>		<b>Home Phone:</b>					
<b>Street Address:</b>					<b>City:</b>		<b>State:</b>		<b>Zip Code:</b>				

**AUTHORIZATIONS**

By signing below, each of the above listed business and business owner/officer (individually and collectively, "you") authorize Nuwave Capital Group. ("NWC") 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 Merchant Cash Advance transactions, including without limitation the application therefor (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 SBF to transmit this application form, along with any of the foregoing information obtained in connection with this application, to any or all of the Recipients for the foregoing purposes. You also consent to the release, by any creditor or financial institution, of any information relating to any of you, to SBF and to each of the Recipients, on its own behalf."

**Owner / Officer's Signature:** \_\_\_\_\_ X \_\_\_\_\_  
**Owner / Officer's Name: (Print)** \_\_\_\_\_ **Date:** \_\_\_\_\_

Merchant Cell Phone#: \_\_\_\_\_ Merchant Fax#: \_\_\_\_\_ Merchant Web Address: \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Landlord Contact#: \_\_\_\_\_

Is Your Business Seasonal?    Yes    No    If yes, what are the peak months? \_\_\_\_\_    Any Judgements/Liens    Yes    No

Any Open Bankruptcies?    Yes    No    Second owner name and % of ownership: \_\_\_\_\_ / \_\_\_\_\_ %

Business Trade Reference #1: \_\_\_\_\_ Phone #: \_\_\_\_\_

Business Trade Reference #2: \_\_\_\_\_ Phone #: \_\_\_\_\_

Business Trade Reference #3: \_\_\_\_\_ Phone #: \_\_\_\_\_