



BUSINESS INFORMATION

Business Legal Name		Business DBA Name	
Address		Business Start Date	
City State Zip		State of Incorporation	
Federal State Tax ID		Phone #	
Website		Cell #	
Legal Entity	<input type="checkbox"/> Corp <input type="checkbox"/> Sole Prop <input type="checkbox"/> LLC <input type="checkbox"/> Partnership	Email Address	
Business Property	<input type="checkbox"/> Lease <input type="checkbox"/> Own	Products/Services Sold	
Term of Lease		Estimated Annual Gross Revenue	
Landlord Name & Number		Average Visa Master Card Monthly Sales	
Are you interested in CREDIT REPAIR?	<input type="checkbox"/> Yes <input type="checkbox"/> No (check one)	Desired Working Capital Amount	
		Use of Funds	

OWNER INFORMATION

Name		Name	
Address		Address	
City State Zip		City State Zip	
Cell #		Cell #	
Email		Email	
% of Ownership		% of Ownership	
Date of Birth		Date of Birth	
SSN #		SSN #	
Credit Score		Credit Score	

FUNDING INFORMATION

How Many Advances Do You Have?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 (check one)	Date Funded	
Who Funded You?		How Much Did They Fund You?	
Payment Schedule	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly	Did You Use A Broker?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Current Balance			

AGREEMENT

By signing below, the Merchant and its owners / principals: (1) certify that all information and documents submitted in connection with this Application is true, correct and complete; and (2) authorize **Small Business Capital US** 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.

SIGNATURES

Officer #1	Print: _____	Sign: _____	Title:	Date:
Officer #2	Print: _____	Sign: _____	Title:	Date: