Reset

4-Months of Bank statements (most recent)
4-Months of Credit Card statements (most recent)
Copy of Driver License
Void Check

FIRST US FUNDING
CAPITAL TODAY, FOR BUSINESS TOMORROW

T: (866) 363-6766
F: (888) 514-8377

Please fax application to:
(888) 514 - 8377

# FIRST US FUNDING CASH ADVANCE APPLICATION

## BUSINESS INFORMATION

| | | | |
|---|---|---|---|
| Legal/Corporate Name: | DBA: | | |
| Physical Address: | City: | State: | Zip: |
| Telephone #: | Fax #: | Federal Tax ID: | |
| Date Business Started: | Swipe %: 0.00% MOTO % : 0.00% | Website: | |
| Type of Entity (check one):<br>Sole Proprietorship ☐ Partnership ☐ Corporation ☐ LLC ☐ Other ☐ | | Email Address: | |
| Type of Business (check all that apply):<br>Retail ☐ MO/TO ☐ Wholesale ☐ Restaurant ☐ Supermarket ☐ Other ☐ | | Product/Service Sold: | |

## MERCHANT/OWNER INFORMATION

| | | | |
|---|---|---|---|
| Corporate Officer/Owner Name: | Title: | 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 #: |

## BUSINESS PROPERTY INFORMATION

| | | |
|---|---|---|
| Business Landlord or Business Mortgage Bank: | Contact Name and/or Account #: | Phone #: |
| Monthly Rent or Mortgage: | Is Business Current with Rent/Mtge?<br>YES: ☐ NO: ☐ | If not how many months Past Due: |

## BUSINESS TRADE REFERENCES

(Please list at least 2 trade suppliers. No personal references)

| | | |
|---|---|---|
| Business Name: | Contact, Account # or Fax #: | Phone #: |
| Business Name: | Contact, Account # or Fax # | Phone #: |
| Account DDA #: | Routing #: | Bank Name: |

## OTHER INFORMATION

| | | | | |
|---|---|---|---|---|
| Credit Card Processing Terminal(s)/Software Model: | Number of Terminals: | Monthly AVG Ticket<br>0 | Avg Monthly Vol<br>1 | High Ticket Vol |
| Requested Advance Amount: | Do you accept: Visa/MasterCard ☐ Amex ☐ Discover ☐ Debit ☐ EBT ☐ | | | |
| Prior/Current Cash Advance Company **Yes** ☐ **No** ☐ | Balance if applicable (if application): | SIC / MCC | | |

## SIGNATURE

Applicant authorizes First Us Funding, 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, by signing below, represents that all the information is complete and accurate.

| | | |
|---|---|---|
| Applicant's Signature | Date | Sales Rep |