



MOM & POP BUSINESS FUNDING APPLICATION

"MOM & POP TO THE RESCUE"

A. BUSINESS INFORMATION

Legal/corporate name:		DBA:	
Physical address:		City:	State: Zip:
Business phone:	Fax:	Federal tax ID:	
Contact:	E-mail:	Website:	
Date business started:	Length of ownership:	Years at location:	# of locations:

B. OWNERSHIP *(Must have at least 67% ownership, if NOT, add additional owners on additional applications)

Name:		Contact phone number:	
Home address:		City:	State: Zip:
Date of birth:	SSN:		
% Ownership of company:	* Must have at least 67% ownership		Title:

C. LEASE *(Landlord Information)

Landlord name:	Contact:		
Monthly rent:	Phone:		

E. BUSINESS PROFILE

Ownership: <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC	Merchant type: <input type="checkbox"/> Retail <input type="checkbox"/> Restaurant <input type="checkbox"/> Lodging <input type="checkbox"/> Service	<input type="checkbox"/> Internet <input type="checkbox"/> Home-based <input type="checkbox"/> Automotive <input type="checkbox"/> Other _____	Cards accepted: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover
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F. CASH ADVANCE

Amount requested: (We provide up to 2 times a companies gross monthly bank revenue).	Have you used a cash advance plan before?		
Average Visa/MasterCard monthly sales:	If so, what company did you use?		
Average gross monthly sales:	Original Balance:	Current Balance? (Provide Original Contract)	
Average ticket size:			Current payment or daily holdback%

G. OTHER INFORMATION

Current processing company:	

H. SIGNATURE

By signing below, the Merchant and its owners/principals: (1) certify that all information on and documents submitted in connection with this Application are true, correct, and complete; and (2) authorize M&P, its agents, partners, and lenders to receive credit reports and any other information regarding the Merchant and its owners/principals from third parties, in order to verify any information provided on the Application.

Signature:	Date:
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