

BUSINESS INFORMATION

Legal/Corporate Name:		DBA:		
Physical Address:		City:	State:	Zip:
Telephone #	Fax #:	Federal Tax ID:		
Date Business Started:	Length of Ownership:	Website:		
Type of Entity (circle one): Sole Proprietorship Partnership Corporation LLC Other			Email Address:	
Type of Business (circle all that apply): 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 (if applicable)

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 #:
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PRIOR/CURRENT LOAN BALANCES (if applicable)

Lending Company:	Balance:	Payment:
Lending Company:	Balance:	Payment:
Lending Company:	Balance:	Payment:

OTHER INFORMATION

Credit Card Processing Company:	Number of Terminals:	Avg. Monthly Credit Card Transactions:	Avg. Monthly Gross Sales Volume:
Requested Advance Amount:		Which Credit Cards do you Accept: Please circle all that apply. Visa/MasterCard Amex Discover Debit EBT	

Applicant(s) authorizes _____ and 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's Signature _____ Date _____

2nd Applicant's Signature _____ Date _____

