

		Comp	anv In	formati	on							
Type of Entity:				Type of I		ess:						
State/Province of Incorporation:		Federal Tax ID/BI	N:			Number C	of Location	ions: Number of Emp		r of Employees:		
Business Legal Name:	'		3	Doing B	Busine	ess As:						
Business Physical Address:				City:				State/Province:		Zip/Postal Code:		
Business Mailing Address (if different):			City:				State/	Province:	Zip/Postal Code:			
Business Phone Number:	Business	s Fax Number:			E-N	Mail Address	:					
Date Business Established (mm/dd/yyyy)	: Date	e of Ownership (mn	n/dd/yy	ууу):		Product/S	Service S	old:				
Total Monthly Sales:	Monthly Cr	redit Card Sales:			Seas	onal Busine	ss:	Peak Sales Months:				
					Y	ES OR NO	<u> </u>					
		Owner		nforma								
1. Owner/Officer First Name: Last N			Social	Security Insurance		-			Date of Birth:			
Home Address (include Street, City, State,						Title:		Ownership %: How Long At This Address:				
	Mobile Ph	ione #:				Address:						
	Name:		Social	Security Insurance				Date of Birth:				
	Address (<u>include</u> Street, City, State/Province, Zip					Title:		Ow	nership %:	How Long At This Address:		
Home Phone #:	Mobile Ph	none #:		E	mail 1	Address:						
				formati		DI 11		T m.				
, 50 1 7	ntact Pers			1150	15715	Phone Num		Time Remaining On Lease/Mortgage:				
Lease/Own: Approx Sq. Feet:		Monthly Lea				it:	Le	ease Start Date (mm/yy):				
Parala Nama	2		k Info	rmatio	1		DI					
Bank Name:	Contact Na	839957 TV	do Dof	erence			Phone	Number	;			
Vendor Name:	Cont	tact Name:	tie Kei	erence	•	Phone Nu	mber:					
Vendor Name:	act Name:	Phone Number:			mber:							
		Oı	restio	nnaire								
Is your business for sale?		If Yes, expl										
Have you ever filed bankruptcy?	ain:											
Do you have any federal or state tax liens?	If Voc. ovnlain.											
Do you have an outstanding merchant cash advance(s) or short term business loan(s)	68.00	If Yes, what is the company name(s) and current balance(s):										
Are you current with your business property lease /mortgage?		If No, by ho	If No, by how many months:									
Amount Requested: \$	Inte	nded Use of Fund	ds:						Credit So	eore:		

The Owner(s)/Officer(s) identified above (individually, an "Applicant") each represents, acknowledges and agrees that (1) all information and supporting documents are true, accurate and complete and that you will notify us of material changes to such information (2) Applicant authorizes us to disclose all information and documents that we may obtain including credit reports to other persons or entities (collectively, "Assignees") that may be involved with to acquire business loans having daily repayment features or purchases of future receivables including Merchant Cash Advance transactions and Revenue Based Funding transactions including without limitation the application (collectively, "Transactions") and each Assignee is authorized to use such information and documents with other Assignees, in connection with potential Transactions, (3) you are authorized to apply on behalf of the company whose full legal name appears above under the Company Information portion of the Application for Transactions (4) you understand that we and our representatives, successors, Assignees and designees (collectively, "Recipients") are authorized to request and receive any investigative reports, credit reports, statements from creditors or financial institutions, verification of information, verification of references or any other information that a Recipient deems necessary in evaluating your application (5) Applicant waives and releases any claims against Recipients and any information-providers arising from any act or omission relating to the requesting, receiving or release of information and (6) you expressly consent to receiving calls, SMS messages, faxes and e-mails from us, our affiliates, and Assignees and you may withdraw your consent by notifying us in writing.

Signature - 1st Owner/Officer	DATE:	Signature - 2nd Owner/Officer	DATE: