1020 STAR BRIGHT INC ZBRIGHTCAPITAL.COM 112W 34 TH ST 18FL NYC NY 10001

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Business Legal Name:				Business DBA (if applicable):				
Type of Business Entity (se	8489D61063474578G	artnership	OLP	Оцр	(Sole Prop	State of Incorporation/LLC	
Does the Applicant have a capital? (check one) If YES, Name of Working C	O YES	ONO	r working	Desired Use of When are fund	ē.		30 days	
Business Physical Street Address:				City:	West 2+ CAC De \$1.002	State:	Zip code:	
Billing Address (if different from above):				City:		State:	Zip code:	
Physical Location Phone: Bil		Billing Loc	illing Location Phone:		Busi	Business Website:		
Applicant Email Address: A		Applicant	Applicant Fax:		Арр	Applicant Mobile:		
Industry Type: (Descriptio	on or SIC code)	Business R	ent/Mortgage In	formation: Op	Rented	O Mortgaged		
versee Monthly Credit Ca	rd Volume (if an	Monthly Pa				urrent? O YE		
verage Monthly Credit Cal Business Start Date E under current owner:		plicable):		ess Checking Balar ne Based	Any Open J		S O NO S: (Previous Year's Tax Return) Any Open Bankruptcies? O YES O NO	
Business Start Date E	Business Federal	plicable):	Average Busine Is this a Horn Busine O YES	ess Checking Balar ne Based	Any Open Julie	is Annual Sales udgments or ns?	Any Open Bankruptcies?	
Business Start Date E under current owner:	Business Federal	plicable): Tax ID#:	Average Busine Is this a Horn Busine O YES	ne Based ess? O NO	Any Open Julie	udgments or ns?	Any Open Bankruptcies?	
Business Start Date I under current owner: Owner 1 Information:	Business Federal	plicable): Tax ID#:	Average Busine Is this a Horn Busine YES ership?	ne Based ess? O NO	Any Open Ji C YES	udgments or ns?	Any Open Bankruptcies?	
Business Start Date Eunder current owner: Dwner 1 Information: First Name: Home Street Address:	Business Federal Pe	plicable): Tax ID#:	Is this a Hon Busine O YES ership? Social Securi	ne Based ess? O NO	Any Open Ji O YES	udgments or ns? O NO ritle:	Any Open Bankruptcies? O YES NO Home Phone:	
Business Start Date Eunder current owner: Owner 1 Information: First Name: Home Street Address: Owner 2 Information (if ap	Business Federal Pe Last Name:	plicable): Tax ID#:	Is this a Horn Busine O YES Social Securi City:	ne Based ess? O NO %	Any Open Ji O YES	udgments or ns?	Any Open Bankruptcies? YES ONO Home Phone: Zip Code:	
Business Start Date E under current owner: Owner 1 Information: First Name:	Business Federal Pe	plicable): Tax ID#:	Is this a Hon Busine O YES ership? Social Securi	ne Based ess? O NO %	Any Open Ji Lie O YES	udgments or ns?	Any Open Bankruptcies? YES ONO Home Phone:	

OWNER 1 PRINT NAME: SIGNATURE AUTHORIZATION DATE

OWNER 1 PRINT NAME: SIGNATURE AUTHORIZATION DATE