

To apply for funding programs, please complete all the fields below, and sign the application. Submit this application along with the last 3 months of bank statements (ALL pages) by email to info@lendiecapital.com or by Fax to 818-668-9399.

Funding Application

BUSINESS INFORMATION											
Legal Business Name							Federal Tax ID #				
DBA Name							Type of Entity: Sole Prop Corp LLC Partnership S-Corp LLP				
Legal Address				City				State		Zip	
Physical Location Address (If Different Than A	lbove)	e)			ity			State		Zip	
Business Phone #		Website					Fax#				
Business Description or Industry/Specialty		Date Business Established (mm/yy)					Business Email				
Monthly Gross Sales Volume Monthly Credit	Sales Volume	Purpose of Capital				Requested Amount Date Funds Need			ate Funds Needed		
OWNER #1 INFORMATION											
Full Name							Title %		% of	of Ownership	
Home Address (No P.O. boxes unless shows on Driver's License/ID)					City			State		Zip	
Cell / Home Phone #	Social Security #				Date of Bir		th	Email			
OWNER #2 INFORMATION											
Full Name							Title	itle %		of Ownership	
Home Address (No P.O. boxes unless shows on Driver's License/ID)					City			State		Zip	
Cell / Home Phone #	Socia	al Security #		Date of Birth		th	Email				
PROPERTY INFORMATION											
Landlord/Mortgage Company Name	Contact Name						Contact #		Monthly Payment		
CURRENT BALANCE INFORMA	TIO	N									
Has this business ever used business funding or a cash advance?						ding Compa	mpany Name(s) Current Remaining Owed Balance			g Owed Balance(s)	
AGREEMENT/TERMS & CONDITIONS											
The Merchant and Owner(s)/Officer(s) identified above (individually, an "Applicant") each represents, acknowledges and agrees that (1) all information and documents provided to representative including credit card processor statements are true, accurate and complete, (2) Applicant will immediately notify Representative of any change in such information or financial condition, (3) Applicant authorizes Representative to disclose all information and documents that Representative may obtain including credit reports to other persons or entities (collectively, "Assignees") that may be involved with or acquire commercial loans having daily repayment features or purchases of future receivables including Merchant Cash Advance transactions, including without limitation the application therefor (collectively, "Transactions"), and each Assignee is authorized to use such information and documents, and share such information and documents with other Assignees, in connection with potential Transactions, (4) Representative and each Assignee will rely upon the accuracy and completeness of such information and documents, (5) Representative, Assignees, and each of their representatives, successors, assigns and designees (collectively, "Recipients") are authorized to request and receive any investigative reports, credit reports, statements from creditors or financial institutions, verification of information, or any other information that a Recipient deems necessary, (6) 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 (7) each Owner/Officer represents that he or she is authorized to sign this form on behalf of Merchant. A copy of this authorization may be accepted as an original. The term representative" shall mean any funding source looking to offer, make available, or provide to the Merchant access to loans or merchant cash advances based on such Merchant's future receivables or sales an											
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Owner #1		Date			Owner #	‡2			D	ate	