

# Merchant Funding Application



## APPLICATION DATE

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### 1. BUSINESS INFORMATION

THIS SECTION IS FOR OFFICE USE ONLY

Company Legal Name		Company DBA Brand / Trade Name	
Street Address		City/Town	ZIP Code
Business Phone	Email	State	Date Started
EIN/Tax ID Number	Legal Entity Type <i>Corp/LLC/Etc</i>		Website

### 2. OWNER/PRINCIPAL INFORMATION

### 2B. OWNER/PRINCIPAL #2 *If Applicable*

First Name		Last Name		First Name		Last Name	
Street Address				Street Address			
City/Town		State	ZIP Code	City/Town		State	ZIP Code
Phone		Email		Phone		Email	
DOB		Driver's License #		DOB		Driver's License #	
SSN		Company Ownership %		SSN		Company Ownership %	

### 3. FUNDING & FINANCIAL INFORMATION

Funding Amount Requested	Average Daily Bank Balance	Monthly Credit Card Sales
Use Of Funds	Annual Business Revenue	Active MCA or Advance(s)?
Total Current Advance(s) Balance	Daily Payment Current Advance(s)	Current Advance Company
Any Relevant Notes		

### 4. ATTACH 3 MOST RECENT BANK STATEMENTS WITH THIS APPLICATION



By signing below, each of the above listed business owners or principals and business individual(s) (collectively "You") certify that all information and documents submitted in connection with this funding application are accurate, true, correct and complete, and you will immediately notify Birkin Capital or any of its representatives, successors, assignees, agents, partners or affiliates of any changes in such information or financial condition ("Recipients"). You acknowledge that any false statements may be considered fraud. You acknowledge that Recipients are relying on information you provide. You further authorize Birkin Capital and each of the Recipients that may be involved with it to acquire commercial loans having daily repayment features of purchase of future receivables, including merchant cash advance transactions (collectively "Transactions") to obtain consumer, personal and business or investigative reports and other information about You, including, but not limited to credit card processor statements, and statements from one or more consumer reporting agencies, such as TransUnion, Experian and Equifax and from other credit bureaus, banks, financial institutions, creditors, and third parties. You authorize Recipients to receive relevant information regarding the commercial lease for the above-reference premises from leasing company and/or agent. You also authorize Birkin Capital to transmit this application along with any of the foregoing information obtained in connection with this application to any or all of the Recipients, for the foregoing purposes. Photocopy of the application will be deemed acceptable for release of credit and/or investigatory information

### 5. OWNER / PRINCIPAL(S) SIGNATURES

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