

CONTACT INFORMATION

Business Legal Name:		Business DBA (if applicable):	
Business Phone:		Mobile Phone:	
Business Fax:		Other Phone:	
Website:		Email:	
Physical Address:		City:	State: Zip:
Mailing Address:		City:	State: Zip:

BUSINESS INFORMATION

Legal Entity (select one): <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> LP <input type="checkbox"/> LLP <input type="checkbox"/> Sole Proprietorship					
Business Start Date:	Federal Tax ID:	Home Based Business? <input type="checkbox"/> YES <input type="checkbox"/> NO	Open Judgements/Liens? <input type="checkbox"/> YES <input type="checkbox"/> NO	Open Bankruptcies? <input type="checkbox"/> YES <input type="checkbox"/> NO	State of Inc/LLC:
Business Description:			Industry Type (SIC Code):		
Business Rent/Mortgage Information: <input type="checkbox"/> Rented/Leased <input type="checkbox"/> Mortgaged		Mthly Rent/Lease/Mtg Payment:	Remaining Term for Rent/Lease:	Payment Current? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Landlord/Mortgage Company Contact:			Phone Number:		

FUNDING INFORMATION

Amount Requested:	When Are Funds Needed: <input type="checkbox"/> ASAP <input type="checkbox"/> 30 Days <input type="checkbox"/> 60+ Days	Desired Use of Funding Proceeds:			
Gross Annual Sales:	Gross Monthly Sales:	Monthly Credit Card Volume:	Current Cash Advance? <input type="checkbox"/> YES <input type="checkbox"/> NO	Cash Advance/Loan Balance:	
Current Credit Card Processing Company:			Account Number:		

OWNER/PRINCIPAL INFORMTION

First Name:	MI:	Last Name:	Title:	% Ownership:
Home Address:		City:	State:	Zip:
Home Phone:	Mobile Phone:	Date of Birth:	SS#:	

CO-OWNER/PRINCIPAL INFORMATION

First Name:	MI:	Last Name:	Title:	% Ownership:
Home Address:		City:	State:	Zip:
Home Phone:	Mobile Phone:	Date of Birth:	SS#:	

AUTHORIZATION

By signing below, each of the above listed business and business owner/officer (individually and collectively, "you") authorize **Cube Consulting** and each of its representatives, successors, assigns and designees ("Recipients") 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 therefore (collectively, "Transactions") to obtain consumer or personal, business and investigative reports and other information about you, including credit card processor statements and bank statements, from one or more consumer reporting agencies, such as TransUnion, Experian and Equifax, and from other credit bureaus, banks, creditors and other third parties. You also authorize **Cube Consulting** to transmit this application form, along with any of the foregoing information obtained in connection with this application, to any or all the Recipients for the foregoing purposes. You also consent to the release, by any creditor or financial institution, of any information relating to any of you, to **Cube Consulting** and to each of the Recipients, on its own behalf.

Owner Signature: _____

Co-Owner Signature: _____

Printed Name: _____

Printed Name: _____

Date: _____

Date: _____