LOAN APPLICATION

Please fill in the spaces below, sign and mail or fax us the application. By doing so, you are giving us as well as its agents & affiliates, permission to review your business and personal credit history in order to provide you with formal funding approval.

Business Legal Name:		Business DBA Name:						
ddress: Suite / Floor:		City:		State:	Zip:			
Phone: Fax:		Mobile:	Tax ID	Tax ID #: State of Incorporation:				
Business Start Date (month / year): Length of Ownership:		Legal Entity: Corp Sole Prop LLC Partnership						
E-mail:			Website:					
Landlord / Mortgage Company:			Rent Mortgage Payment: Lease Expiration:					
Landlord Contact Name:		Landlord Contact Phone: Landlord Contact Fax:						
R Company Name:		Telephone:						
R E A R Company Name: D N	Contact:		Telephone:					
E Company Name: Contact:			: Telephone:					
PRINCIPAL / OWNER DETAILS Principal (1) Name: Mr Mrs				% Ownership:				
Address:		City:		State: Zip:				
Phone: Fax:		Mobile: Social Security #:						
Annual Income:		Driver's License #: Date of Birth:						
E-mail:			SIGNATURE: DATE:					
Principal (2) Name: Mr Mrs			Title: % Ownership:					
Address:			City: State: Zip:					
Phone: Fax:				Social Security #:				
Annual Income:			Driver's License #: Date of Birth:					
E-mail:			URE:	CATE:				
FUNDING DETAILS Desired Advance Amount: Minimum Advance			Amount: Average Ticket Size:					
Average Monthly Visa/MasterCard Sales:			Average Monthly Total Sales:					
Proposed Use of Funds:			Current Processing Company:					
Gross Annual Sales: Number of Location		ns: Business for Sale:						
Number of Terminals: Terminal Type:			Credit Card Terminal Swiped Percentage:					
Have you used a cash advance before?: YES NO					YE		NO	
Do you have an OPEN cash advance?: YES NO If YES, with who: Balance:			Do you have suits/judgments/liens pending?: YES NO If yes, what is the balance:					