

We have facilitated over **\$100 Million** in funding to thousands of small businesses nationwide. Contact us today to see how we can help your business.

# We Provide Small Businesses With The Capital They Need To Grow

We offer equipment financing & leasing for startups and established businesses nationwide. We have a number of programs available including \$1 Buyout, FMV, 10% Purchase Option and 100% Remodel Financing. We fund when manufacture financing, banks, or SBA can't regardless of market conditions. We pride ourselves in 48-hour approvals and funding in 5-15 business days.

## **Typical Items Financed**

- Furniture, Fixtures, Millwork, Signage
- Computers, Printers and POS Systems
- Vehicles, Trucks and Vans
- Kitchen and Restaurant Equipment
- Heavy Machinery
- Spa, Salon, Manufacturing, Medical Equipment

#### What We Offer

- Approvals within 48 hours
- 24-60 months term
- 100% financing
- Fixed monthly payments
- Simple documentation
- Funding ranging from \$5,000 -\$2,000,000

## **Benefits Of Our Program**

- Potential tax write-offs
- Build business credit
- Preserve working capital
- No large upfront costs
- Fixed monthly payments for better cash flow management

# **Funding Application**

Date (2):\_\_\_\_\_

<ul> <li>I am applying for business funding (owning 51% of applying business) soley in my name and am relying on my own income or assets and not the income or assets of another person as the basis for repayment.         (Complete Owner Information (1) and omit Owner Information (2).)     </li> <li>We are applying for a joint business funding with one or more people (total combined ownership equals 51% of applying business.)         (Complete Owner Information (1) and as many additional owners till 51% ownership is reached.)     </li> </ul>		Date:
		Partner ID:
		Intended Use of Funds:
Company Information	,	Funding Requested: \$
Legal Company Name:	Legal Entity:	
State of Incorporation: Tax ID:	O Corporation	O LLC O Limited Partnership rtnership O LLP O Sole Proprietor
Doing Business As (DBA):	Company Type / Industry:	
Physical Address:	Annual Business Revenue:	
City/State: Zip Code:	Monthly Credit Card Volume:	
Company Phone:	Average Bank Balance:	
Business Inception Date:	Any Business with an Open MCA? OYes ONo	
Rent Location     Own Location	Landlord Name:	
Monthly Rent/Mortgage:	Landlord Phone:	
Owner Information (1)		nformation (2)
First Name:	First Name:	
Last Name:	Last Name:	
Home Address:	Home Address:	
City/State: Zip Code:	City/State:	Zip Code:
Home Phone:	Home Phone:	
Cell Phone:	Cell Phone:	
% Ownership:	% Ownership:	
Social Security No:	Social Security No:	
Date of Birth:	Date of Birth:	
E-mail Address:	E-mail Address:	
Annual Income:	Annual Income:	
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 the above named office ("Company") including credit card processor statements are true, accurate and complete, (2) Applicant will immediately notify Company of any change in such information or financial condition, (3) Applicant authorizes Company to disclose all information and documents that Company 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 therefore (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) Each Assignee will rely upon the accuracy and completeness of such information and documents (5) Company, 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.		
Signature (1):	Signature (2):	