



Direct: 201-255-0966 | Cell: 917-415-5334
Fax: (888) 402-2202

7601 River Rd., Ste 415
North Bergen, NJ 07047

Instructions for Financing Application

Please be advised that our typical turnaround time to get a firm offer and a contract is between 24-48 hrs. and funding in as little as 3 days. We ask that our merchants help us keep to our high standards by being prepared to fax or email the following documentation to get the best offers on the table and get you funded ASAP!!!

For Approval & Terms:

- 1) Completed "**Application for Merchant Financing**" including all owners' info & signatures.
- 2) Principal Owner's **Driver's License** - To avoid difficulty reading; please try to make an enlarged copy before faxing. Otherwise, if possible, please either scan or take a picture with a camera phone and e-mail it to rshapiro@primemerchantfunding.com for fastest processing.
- 3) Your last four (4) month's complete **Business Bank Statements**. You may omit the cancelled checks pages.

For Final Offer and Funding Contract:

- 4) Copy of a **voided business check** from the Business Bank Account that you wish the funds to be wired into.
- 5) Copy of **Business Lease** (just terms and signature page) or if you own the building, a copy of a property tax bill proving ownership.

For deals over \$ 100K we may need last year's business tax return and financials in some cases.

For renewals, you will only have to provide a month or two of bank statements to get next-day funding!!!

In most cases, we can get you better terms and a higher funding amount with good performance.



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Application for Merchant Financing

Date: _____

Referred by: _____

Applicant Information

Legal Business Name: _____

Doing Business As: _____

Physical Address: _____

City, State, Zip: _____ Federal Tax ID: _____

Telephone No: _____ Own/Lease: Own Lease

Facsimile No: _____ E-Mail: _____

Accountant: _____ Accountant's Phone: _____

Legal Entity Type: Corporation Limited Liability Company
 General Partnership Limited Partnership Sole Proprietorship

of years under the Current Management: _____ years State of Incorporation/Organization: _____

Type/Description of Business: _____

Additional Location Address if Any: _____

Landlord/Mortgage Co: _____ Telephone No: _____

Current Term: From: _____ To: _____ Monthly Pmt \$: _____

Option to Renew: # of _____ Years: _____ Payment Current? : Yes No

Approx. Square Footage: _____ # of Employees: _____

Financing Information (It is very important this section is filled completely)

Average Monthly Sales Info: Cash/Check: \$ _____,000.⁰⁰ Amex: \$ _____,000.⁰⁰
(Round to the nearest thousand) VS/MC: \$ _____,000.⁰⁰ Other: \$ _____,000.⁰⁰

Desired Amount: \$ _____,000.⁰⁰ **Minimum Amount of the Request:** \$ _____,000.⁰⁰

Purpose of Funds: _____ Requested Funding Date: _____

Does the Applicant Currently have Outstanding Advance with other **Cash Advance/Funding Companies?** : Yes No

Original Funding Amount: \$ _____ TOTAL Payback: \$ _____ Current Balance: \$ _____

Daily ACH Amount / Holdback %: _____ Date of Funding: _____

Name of Current / Previous Cash Advance Company: _____

Is Your Business Seasonal? : Yes No Month High Season Begins and Ends: _____ to _____

Name of the Credit Card Processor: _____ Telephone No: _____

of Credit Card Terminals at this Location: _____ Does the Applicant have Multiple Merchant Accounts : Yes No

Name of P.O.S. if Any: _____ P.O.S. Vendor Phone No: _____

Has Applicant or any of its Affiliates in an OPEN bankruptcy? : Yes No State: _____ Date: _____

Are any Judgments, Suits or Liens Pending against the Applicant? : Yes No Amount Outstanding: \$ _____



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Agreed & Accepted:

Principal #1

Name:	_____	Date of Birth:	_____
Title:	_____	Social Security Number:	_____
Residence Address:	_____	Residence Phone:	_____
City, State, ZIP:	_____	Cell Phone:	_____
Length at Residence:	_____ Years _____ Months	Ownership Percentage:	_____ %
Signature:	_____	Date :	_____

Principal #2

Name:	_____	Date of Birth:	_____
Title:	_____	Social Security Number:	_____
Residence Address:	_____	Residence Phone:	_____
City, State, ZIP:	_____	Cell Phone:	_____
Length at Residence:	_____ Years _____ Months	Ownership Percentage:	_____ %
Signature:	_____	Date :	_____

Merchant Checklist:

For Initial Offer for Funding:

- Principal Owner's **Drivers License**
- Your last four (4) month's **Business Bank** Statements in full
- Copy of a **voided business check** from your Business Bank Account
- Copy of **Business Lease** (just terms and signature page)

*We will have an offer and contract for you within 48 hours once we receive the documentation noted above.
We appreciate the opportunity of working with you and we're confident you will be pleased with the results!*

The information contained in this application is provided to Roman's Empire, Inc. DBA Prime Merchant Funding and its affiliates, **agents, partners, and** ("PMF") for the purpose of obtaining, or maintaining credit with PMF for the Applicant."

The Applicant understands that PMF is relying on this information in deciding to grant or continue credit to the Applicant. The Applicant represents and warrants that the information provided is true and complete. PMF may consider this loan application to be true and correct until we notify the Applicant in writing of a change. PMF, its assigns, agents, banks, or financial institution is authorized to make all inquires necessary to verify the accuracy of these statements and to determine the Applicant's and the principal owner's credit worthiness. PMF, its assigns, agents, banks, or financial institution is authorized to answer questions about PMF's credit experience with the Applicant.