



CLIENT APPLICATION SUMMARY

PERSONAL / BUSINESS INFORMATION			
Legal Name of Business:		Tax ID#:	Date Established:
Address1:		City:	
Address2:	State:	Zip:	
Phone:	Fax:	Email:	
Annual Gross Sales:	Partnership / Multi Ownership: Y N If Yes – Each Participant Up to 75% ownership will need to submit application.	Registered Agent Name, Address and Contact Info:	
Owners Name:		Position:	Ownership Level %:
Home Phone:		Cell Phone:	
Home Address 1:		City:	State:
Home Address 2:	State:	Zip:	
Own or rent home:	Current on mortgage: Y N	Mortgage modification: Y N	
How long at current address:	Birth Date:	Social Security #:	
Married: Y N	Will they be apart of the Loan: Y N	Name of Spouse:	
Spouse / Partner Birth Date:		Spouse / Partner Social Security #:	
Personal Gross Income:	Family Gross Income:	Note: Personal loans may require spousal approval.	

BANK and TRADE REFERENCE

Name of Bank/Trade and Contact:		Phone:
Name of Bank/Trade and Contact:		Phone:

Capital Requirement and Use Story:

Note: Be specific – this piece of equipment or investment will result in monies earned or change in cash flow.

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By signing below, the Merchant and its owners and/or principals (individually and collectively, the "Applicant") certifies that Applicant is authorized to submit this application on behalf of the above-named business. Applicant certifies that all information and documents submitted in connection with this Application are true, correct and complete and may be relied upon by Canlas Group, Inc. or with its DBA Canlas Capital. Applicant shall immediately notify Canlas Capital of any material change in financial condition. Applicant authorizes Canlas Capital to share this application and all supporting documentation with each of its representatives, successors, assigns, and designees, including third party lenders ("Assignees"). Applicant further authorizes Canlas Capital and all Assignees to request, receive, and review any investigative or credit reports, including comprehensive business and personal credit histories or hard credit pulls, and any other information regarding the Applicant and its owners and/or principals from third parties deemed necessary by Canlas Capital or Assignees to verify any information provided on the Application. Furthermore, Applicant hereby waives and releases any claims against [Business Name], all Assignees, and any information-providers arising from any act or omission relating to the requesting, receiving or release of the information obtained in connection with this application. This authorization shall be valid for one hundred twenty (120) days unless revoked in writing by Applicant.

Signature _____ Title: _____ Date _____

Signature _____ Title: _____ Date _____