

FUNDING APPLICATION

BUSINESS INFORMATION

LEGAL NAME (Must match legal filing)		DBA		
BUSINESS ADDRESS		CITY	STATE	ZIP
TELEPHONE	FAX	FEDERAL TAX ID		
DATE BUSINESS STARTED	LENGTH OF OWNERSHIP	EMAIL ADDRESS		
TYPE OF ENTITY (select one) <input type="radio"/> Sole Proprietorship <input type="radio"/> Partnership <input type="radio"/> Corporation <input type="radio"/> LLC <input type="radio"/> Other:		TYPE OF BUSINESS/PRODUCTS/SERVICES SOLD		
ARE YOU CURRENT WITH YOUR RENT/ MORTGAGE <input type="radio"/> Yes <input type="radio"/> No Months Behind:		PURPOSE OF ADVANCE		
DO YOU HAVE ANY CURRENT TAX LIENS <input type="radio"/> Yes <input type="radio"/> No Amount:		IS YOUR BUSINESS SEASONAL <input type="radio"/> Yes <input type="radio"/> No	PEAK SALES MONTHS	TOTAL ANNUAL SALES
				REQUESTED ADVANCE AMOUNT

OWNER / PARTNER INFORMATION

NAME	SSN	DATE OF BIRTH		
HOME ADDRESS		CITY	STATE	ZIP
HOME TELEPHONE	CELL	DRIVERS LICENSE NUMBER		% OWNERSHIP

CO-OWNER/PARTNER INFORMATION (If combined ownership is less than 100% add additional information on a separate page)

NAME	SSN	DATE OF BIRTH		
HOME ADDRESS		CITY	STATE	ZIP
HOME TELEPHONE	CELL	DRIVERS LICENSE NUMBER		% OWNERSHIP

BUSINESS PROPERTY INFORMATION

BUSINESS LANDLORD OR MORTGAGE BANK	CONTACT NAME/ CELL PHONE / EMAIL
CREDIT CARD PROCESSOR / PHONE NUMBER	BANK NAME / PHONE NUMBER

OTHER INFORMATION

CURRENT CASH ADVANCE COMPANY (If applicable)	ORIGINAL ADVANCE AMOUNT	CURRENT OUTSTANDING AMOUNT	FUNDED DATE
TOTAL MONTHLY SALES	MONTHLY CREDIT CARD SALES	MONTHLY CASH SALES	MONTHLY RENT / MORTGAGE

BUSINESS TRADE REFERENCES

BUSINESS NAME	CONTACT NAME	CONTACT PHONE NUMBER
BUSINESS NAME	CONTACT NAME	CONTACT PHONE NUMBER
BUSINESS NAME	CONTACT NAME	CONTACT PHONE NUMBER

Applicant authorizes Recipient, and/or it's assigns, agents, banks, or financial institutions to obtain an investigative or consumer report from a credit bureau and to investigate the references given or any other statement of data obtained from applicant and to allow it's lender to file appropriate UCC liens when necessary in order to secure the funding.

I AGREE TYPE APPLICANT NAME OR SIGN HERE

I AGREE TYPE APPLICANT NAME OR SIGN HERE

DATE

DATE

Save the completed form and attach to an email or print, sign and return via fax to the contact at the top of this document.