



Capital Palm Partners, Inc.  
 8546 Palm Parkway, # 240,  
 Orlando, FL 32836  
 T: (407) 278-1466  
 E: corporate@capitalpalm.com

| Internal Use Only   |            |
|---|------------|
| Date Received:  |            |
| CPP Account Rep:  |            |
| Loan Status: <input type="checkbox"/> Approved <input type="checkbox"/> Declined <input type="checkbox"/> On-hold |            |
| Approval Amount: \$   | Sell Rate: |

## CREDIT APPLICATION

(STATE RESTRICTIONS: CO, CT, MI, MT, ND, NJ, NV, NY, RI, SD, VT)

| BUSINESS INFORMATION  |  |                                  |  |                                      |  |                              |  |                        |  |              |  |
|---|--|----------------------------------|--|--------------------------------------|--|------------------------------|--|------------------------|--|--------------|--|
| Legal Name:   |  |                                  |  | Business DBA Name:                   |  |                              |  |                        |  |              |  |
| Business Address:   |  |                                  |  | City:                                |  |                              |  | St:                    |  | Zip:         |  |
| Phone:  |  |                                  |  | Fax:                                 |  |                              |  | # of Employees :       |  |              |  |
| Email:  |  |                                  |  | Tax ID: -                            |  |                              |  | Date Business Started: |  |              |  |
| Type of Business:   |  |                                  |  | Amount of Working Capital Requested: |  |                              |  | \$                     |  |              |  |
| Business Entity: <input type="checkbox"/> C-Corp <input type="checkbox"/> S-Corp <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Sole Proprietor |  |                                  |  | D&B DUNS #:                          |  |                              |  | # of Locations:        |  |              |  |
| Monthly Revenues: \$  |  | Yearly Revenues: \$              |  | Avg Monthly Bank Balance: \$         |  |                              |  |                        |  |              |  |
| Website: http://  |  |                                  |  |                                      |  |                              |  |                        |  |              |  |
| BUSINESS LANDLORD / MORTGAGE INFORMATION  |  |                                  |  |                                      |  |                              |  |                        |  |              |  |
| Landlord / Mortgage Company:  |  |                                  |  |                                      |  | Rent / Own?:                 |  |                        |  |              |  |
| Rent Mortgage Payment \$  |  | If Rented, Lease Inception Date: |  |                                      |  | Expiration:                  |  |                        |  |              |  |
| Landlord/ Mortgage Contact Name:  |  |                                  |  | Address:                             |  |                              |  |                        |  |              |  |
| Landlord / Mortgage Phone   |  |                                  |  | Landlord / Mortgage Fax:             |  |                              |  |                        |  |              |  |
| OWNER(S) / PRINCIPALS INFORMATION (MUST OWN MORE THAN 60% OF THE BUSINESS)  |  |                                  |  |                                      |  |                              |  |                        |  |              |  |
| OWNER   |  |                                  |  |                                      |  | CO-OWNER                     |  |                        |  |              |  |
| Name:   |  |                                  |  |                                      |  | Name:                        |  |                        |  |              |  |
| Title:  |  | % Ownership:                     |  | Title:                               |  | % Ownership:                 |  | Title:                 |  | % Ownership: |  |
| Address:  |  |                                  |  |                                      |  | Address:                     |  |                        |  |              |  |
| City:   |  | St:                              |  | Zip:                                 |  | City:                        |  | St:                    |  | Zip:         |  |
| Own / Rent:   |  | Own / Rent:                      |  |                                      |  | Own / Rent:                  |  |                        |  |              |  |
| Home phone:   |  | Home Phone:                      |  |                                      |  | Home Phone:                  |  |                        |  |              |  |
| Driver's License #:   |  | St:                              |  | Driver's License #:                  |  | St:                          |  | Driver's License #:    |  | St:          |  |
| Social Security #:  |  | DOB:                             |  | Social Security #:                   |  | DOB:                         |  | Social Security #:     |  | DOB:         |  |
| Annual Income (Reported): \$  |  | Annual Income (Reported): \$     |  |                                      |  | Annual Income (Reported): \$ |  |                        |  |              |  |
| FUNDING INFORMATION   |  |                                  |  |                                      |  |                              |  |                        |  |              |  |
| Do you have an open Cash Advance account open at this time?   |  |                                  |  | If "yes", what is the balance?       |  |                              |  | \$                     |  |              |  |
| If answered "yes" above, list the provider's name:  |  |                                  |  |                                      |  | Telephone:                   |  |                        |  |              |  |
| If approved, what will the money be used for?:  |  |                                  |  |                                      |  |                              |  |                        |  |              |  |

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 Capital Palm Partners Inc. ("CPP") are true, accurate and complete, (2) Applicant will immediately notify CPP of any change in such information or financial condition, (3) Applicant authorizes CPP to disclose all information and documents that CPP 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 and/or purchase of receivables transactions, including without limitation the application therefor (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) CPP 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.

|                          |  |  |  |          |  |  |  |       |  |  |  |
|--------------------------|--|--|--|----------|--|--|--|-------|--|--|--|
| Primary Owner Signature: |  |  |  | Printed: |  |  |  | Date: |  |  |  |
| 2nd Owner Signature:     |  |  |  | Printed: |  |  |  | Date: |  |  |  |



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## **STANDARD GUIDELINES AND REQUIRED DOCUMENTS**

### **REQUIRED FOR PREQUALIFICATION**

#### ***Transactions \$10,000 – \$75,000***

Application

Most Recent 3 Months Banks

#### ***Transactions \$75,000 – \$150,00***

Application

Most Recent 6 Months Banks

Most Recent Business Tax Return

#### ***Transactions \$150,000 – \$250,000***

Application

Most Recent 6 Months Banks

Most Recent Business Tax Return

Last Full Year and Current Year Interim Financials

Detailed AR and AP Aging Report

### **REQUIRED FOR FUNDING**

Valid and Clear Driver's License

Voided Business Check for Approved Accounts

Federal Tax I.D. Number

Acceptable Proof of Ownership

- Schedule K-1, C, E, F, or G
- Fictitious Name Filing
- Buy/Sell Agreement listing merchant as owner
- Articles of organization or incorporation

#### **Business / Loan Profile**

Maximum Loan Amount \$250,000

Minimum Loan Amount \$10,000

Term Range 6 – 24 months

Minimum TIB 1 year

Minimum Revenues \$150K

Minimum FICO 525

Ownership % Required 60%

Bankruptcy Discharge 2 years

Tax Liens > \$25K Must have payment plan