



PLEASE FILL OUT COMPLETELY

BUSINESS INFORMATION

Business Legal Name		Business D.B.A. Name		Business Phone Number		Business Fax Number	
Business Address		Street	City	County	State	Zip	
E-mail Address			Fed. Tax ID Number		Type of Business		
Year Started	Style of Business: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> P.C. <input type="checkbox"/> L.L.C.			Avg. Mo. Sales (Total Sales)		Avg. Mo. Sales (V/MC Sales)	
Business State Date under Current Ownership:		State of Incorporation:					
Does the merchant have any open MCA's with another company? (Circle one)		What is the name of the funding company?			What is your total current balance?		
Yes or No		How Many:					
Use of funds		Gross Annual Sales (previous year tax return)		Website		# of Locations Owned	
Current Credit Card Processor				Payroll Company			

LANDLORD, REFERENCES, AND BANK INFO

Landlord Company (Name)		Own/Lease	Phone No.	
			()	
Contact Name		Lease/Mortgage Amount	Length of Time at Location	Time Remaining on Lease
Bank Reference		Name	Last 4 Months Bank Deposits and Neg Balance Days	
Bank Phone No.		Account #	Last 4 Months Visa/ Master Card Volume & Ticket Counts	
Trade Reference		Account No		
Phone No.		Contact		

PERSONAL INFORMATION ON PARTNERS, PROPRIETORS, OR GUARANTORS

Name		Name			
Title / Percentage (%) of Ownership		Social Security No.		Social Security Number	
Address		City		City	
Time at Current Address		Rent/Own	State	Zip	
Home/Cell Phone Number		Drivers License #	Date of Birth		
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By signing below, each of the above listed business & business owner/officer (individually & collectively, "you") authorize] American Merchant Services LLC (AMS) & each of its representatives, successors, assigns & designees ("Recipients") 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 therefor (collectively, "Transactions") to obtain consumer or personal, business & investigative reports & other information about you, including credit card processor statements & bank statements, from one or more consumer reporting agencies, such as TransUnion, Experian & Equifax, & from other credit bureaus, banks, creditors & other third parties. You also authorize AMS to transmit this application form, along with any of the foregoing information obtained in connection with this application, to any or all of the Recipients for the foregoing purposes. You also consent to the release, by any creditor or financial institution, of any information relating to any of you, to AMS & to each of the Recipients, on its own behalf.

Partner, Proprietor or Guarantor	Partner, Proprietor or Guarantor
X	X
Date	Date