

|  |
| --- |
| Sales Representative# 1 |
| Name: Robert Kravitz |
| Contact# 877-278-8372 |

MerchantApplication

# FAXCOMPLETEDAPPLICATIONTO:888-316-3901

**Or email to**[**vicky@nfrccompanies.com**](mailto:vicky@nfrccompanies.com)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **BUSINESSINFORMATION** | | | | | | | | | | | | | | | | | | |
| Type of Entity (checkone) | Corporation  SCorporation | | GeneralPartnership Nonprofit | | | LLC  Other | LP N/A SoleProprietorship LLP | | | | | | | | | FederalID | | |
| Merchants LegalName | | | | | | | | D/B/A | | | | | | | | BusinessPhone | | |
| PhysicalAddress | | | | | | | | City, State,Zip | | | | | | | | BusinessFax | | |
| Mailing Address / BillingAddress | | | | | | | | City, State,Zip | | | | | | | | Use ofProceeds | | |
| Business Type; Product/ServiceSold | | State ofIncorporation/Organization | | | | | | Date business started(mm/yy) | | | | Length ofOwnership | | | |
| ContactName | | Position | | | | EmailAddress | | | | | | WebAddress | | | | | Requested AdvanceAmount | |
| **MERCHANT/OWNER INFORMATION(1)** | | | | | | | | | | | | | | | | | | |
| Corporate Officer/OwnerName | | | | | Title | | | | | Social SecurityNumber | | | | | Date ofBirth | | | Ownership% |
| Driver’s License &State | | | | Home PhoneNumber | | | | | Cell PhoneNumber | | | | | EmailAddress | | | | |
| ResidenceAddress | | | | | | | | | | | City, State,Zip | | | | | | | |
| **OWNER INFORMATION (2) – ONLY IF MERCHANT/OWNER (1) IS LESS THAN 51% (both Owners must exceed51%)** | | | | | | | | | | | | | | | | | | |
| Corporate Officer/OwnerName | | | | | Title | | | | | Social SecurityNumber | | | | | Date ofBirth | | | Ownership% |
| Driver’s License &State | | | | Home PhoneNumber | | | | | Cell PhoneNumber | | | | | EmailAddress | | | | |
| ResidenceAddress | | | | | | | | | | | City, State,Zip | | | | | | | |
| **SALES & CREDIT CARD PROCESSINGINFORMATION** | | | | | | | | | | | | | | | | | | |
| Visa/MasterCard: Card Swipe % Manually Keyed % Phone/MailOrder % Internet % Total(100%) | | | | | | | | | | | | | Avg. Gross Monthly Sales (Cash, Checks,Credit Cards) | | | | | |

## SeasonalSales: Yes No Ifyes,highvolumemonths: Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

|  |  |  |  |
| --- | --- | --- | --- |
| # ofTerminals | Terminal Make &Model | Software Type / POSSystem | Software Type / POS System - Contact Name &Phone |
| **BACKGROUNDINFORMATION** | | | |

Are you currently paying back acashadvance? YES

NO IfYes,Company: Whentakenout? Balance:

Are you currently behind on any ofthefollowing? YES

NO IfYes, How much?Utilities: SalesTax: LiquorTax: Rent: BankLoans:

Any State / Federal Liens against the owners orbusiness?

(salestax,mixedbeverage,941,etc.)

YES

NO

YES

If Yes,Details:

Have you ever filedforBankruptcy? NO If Yes,Details:

Do you have any Lawsuits or Judgments against you or your businesspending?

YES

## NO If Yes, Details:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| TRADE REFERENCE (1) BusinessName | | | Contact, AccountNumber | | | | PhoneNumber | |
| TRADE REFERENCE (2) BusinessName | | | Contact, AccountNumber | | | | PhoneNumber | |
| **BUSINESS PROPERTYINFORMATION** | | | | | | | | |
| Own/Lease | Lease StartDate | LeaseTerm | | MonthlyRent/Mtg | Type of Building | | | Square Footage(approx) |
|  | |  | |  | |  | | |

1. Application must include a copy of a voided check, each owner’s valid driver’s license, and your valid businesslicense.
2. NFRC CAPITAL RESOURCES will conduct independent due diligence of each Merchant that desires financing from NFRC CAPITAL RESOURCES and NFRC CAPITAL RESOURCES may deny financing to any applicant at its sole discretion.
3. Merchant acknowledges and agrees that a consumer or investigative report, including a credit check with recognized credit reporting agency(s), may be conducted in connection with this Application. Merchant hereby authorizes NFRC CAPITAL RESOURCES and its agents and representatives to (i) initiate such reports, investigations and/or credit checks, (ii) investigate any statements made or data received from or about Merchant and/or its owners/shareholders, and (iii) contact any references given by Merchant or its owners/shareholders.
4. Application must include your last 3 complete, consecutive credit card statements, and 3 months bankstatements.
5. All information must becompleted.

Owner(1)**X** Owner (2) **X**

## Signature

Here are the items that we need to proceed with your request for a Business Loan

-Please fill out, sign, and return the attached NFRC Business Application

-Twelve months most recent (to date if possible) business bank accounts ( if you have multiple, please provide all as they can only assist and all pages please) as well as twelve months most recent merchant account statements (all pages please as well)

-Most recent year end business tax returns (if applicable)

-Copy of any applicable business license

-Copy of your driver’s licenses(copies of all owners ID’s please)

-Copy of any applicable business lease for your main place of business

-Copy of voided check for the main business account

-Please forward a year-end Profit and Loss statement for your business(may not need)

-Three Trade References