



<u>Legal/ Corporate Name:</u>		<u>DBA</u>	
<u>Physical Address:</u>		<u>City:</u>	<u>State:</u> <u>Zip Code:</u>
<u>Mailing Address:</u> (If different from physical address)		<u>City:</u>	<u>State:</u> <u>Zip Code:</u>
Telephone Number () -	Fax Number () -	<u>State of Incorporation:</u>	<u>Federal Tax ID:</u>
Type of Entity (Select One) <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other			<u>Date Business Started:</u> (Mo/Day/Year) _/_/
<u>Email Address:</u>		<u>Website Address:</u>	

Merchant/ Owner Information

<u>Corporate Officer/ Owner Name:</u>	<u>Title:</u>	<u>Length of Ownership:</u> __ Year and __ Months	
<u>Home Address:</u>	<u>City:</u>	<u>State:</u>	<u>Zip Code:</u> <u>Ownership %</u>
<u>Date of Birth (month/Day/Year):</u> _/_/	<u>Social Security Number:</u> - - -	<u>Home Phone Number:</u> () -	<u>Cell Phone Number:</u> () -

Partner Information

<u>Corporate Officer/ Owner Name:</u>	<u>Title:</u>	<u>Length of Ownership:</u> __ Year and __ Months	
<u>Home Address:</u>	<u>City:</u>	<u>State:</u>	<u>Zip Code:</u> <u>Ownership %</u>
<u>Date of Birth (month/Day/Year):</u> _/_/	<u>Social Security Number:</u> - - -	<u>Home Phone Number:</u> () -	<u>Cell Phone Number:</u> () -

Business Property Information

<u>Own/ Lease:</u>	<u>Time at this Location:</u> __ Year __ Months	<u>Monthly Rent or Mortgage:</u> \$ _____	<u>Date Lease Ends:(month/day/year)</u> _/_/
<u>Business Landlord or Mortgage Bank:</u>	<u>Contact Name and/or Account No:</u>		<u>Office/Mobile Number:</u> () -

Other Information

<u>Average Monthly Gross Revenue:</u> \$ _____	<u>Requested Advance Amount:</u> \$ _____	
Do you usually close the business during part of the year? <input type="checkbox"/> Yes <input type="checkbox"/> No Details: _____	Any open State/Federal Tax Liens Against Business or Owner? <input type="checkbox"/> Yes <input type="checkbox"/> No Details: _____	Any Lawsuits of Judgments Pending against Business or Owner? <input type="checkbox"/> Yes <input type="checkbox"/> No Details: _____
Do you currently have a cash advance balance open with another company? <input type="checkbox"/> Yes <input type="checkbox"/> No	If YES to a current advance, what is the balanced owed? Current Balance: _____	And what company issued that advance and what date was it received? Funded By: _____ Date: _____
Trade References:		
1) _____	_____	_____
Name	Phone	
2) _____	_____	_____
Name	Phone	
3) _____	_____	_____
Name	Phone	

By signing below, Applicant and/or Co-Applicant hereby authorize the required parties to obtain a consumer report from a credit bureau or credit agency and to investigate any other data on the Applicant and/or Co-Applicant it deems necessary to evaluate the approval of this application.

Applicant's Signature

_____/_____/_____
Date

Co- Applicant Signature

_____/_____/_____
Date