



Funding Representative: INTERNET APP

Phone: 855-827-8979

Fax: 800-828-7143

Email: Processing@gohfg.com

Business Information

Business Legal Name:	Doing Business As:
Type of Entity (LLC, S-Corp, ETC):	How much capital is being requested?
Physical Address:	What is the capital being requested for?
Mailing Address:	Business Domain:
Business Phone:	Business Fax:
Mobile:	Email Address:
Federal Tax ID:	Business Inception Date:

OWNER / PRINCIPAL INFORMATION

Name :	% of Ownership:
Home Address:	City: State: Zip Code:
How Long at Current Address?	Do You Own Your Home?
E-mail Address :	Mobile Number:
Date of Birth:	Social Security #:

2nd OWNER / PRINCIPAL INFORMATION

Name:	% of Ownership:
Home Address:	City: State: Zip Code:
How Long at Current Address?	Do You Own Your Home?
E-mail Address :	Mobile Number:
Date of Birth:	Social Security #:

Type of Business	Do You Rent or Own Your Business Location?	Rent/Mortgage Amount:
Current Credit Card Processor:	Gross Annual Sales (Previous Year's Tax Return):	Has Your Business Ever Filed For Bankruptcy?

FUNDING INFORMATION

Do You Currently Have A Merchant Cash Advance?	If Yes.....how much was funded?
What is the Current Balance of the Outstanding Cash Advance?	
Landlord Name:	Landlord Phone:

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 Holloway Funding Group including credit card processor statements are true, accurate and complete, (2) Applicant will immediately notify Holloway Funding Group of any change in such information or financial condition, (3) Applicant authorizes Holloway Funding Group to disclose all information and documents that **Holloway Funding Group** may obtain including credit reports to other persons or entities (collectively, "Assignees") that may be involved with or acquire commercial loans having daily, weekly, or monthly repayment features or purchases of future receivables including Merchant Cash Advance 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)Holloway Funding Group, 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.

Owner Signature: _____
Print Name: _____
Date: _____

Co-Owner Signature: _____
Print Name: _____
Date: _____

Please Return With Last 4 Months Bank Statements & Merchant Statements (Only If Accepting Credit Cards)