



www.growthmerchant.com

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financing tomorrow's dreams today  
**FINANCIAL APPLICATION**

**BUSINESS INFORMATION**

Legal/Corporate Name:		DBA:	
Physical Address:		City:	State: Zip:
Telephone #:	Fax #:	Federal Tax ID:	
Date Business Started:	Length of Ownership:	Website:	
Type of Entity (circle one): Sole Proprietorship Partnership Corporation LLC Other			Email Address:
Type of Business (circle all that apply): Retail MOTO Wholesale Restaurant Supermarket Other			Product/Service Sold:

**MERCHANT/OWNER INFORMATION**

Corporate Officer/Owner Name:		Title:	Ownership %:
Home Address:		City:	State: Zip:
SSN:	Date of Birth:	Home #:	Cell #:

**PARTNER INFORMATION (if merchant ownership % less than 50%)**

Partner Name:		Title:	Ownership %:
Home Address:		City:	State: Zip:
SSN:	Date of Birth:	Home #:	Cell #:

**BUSINESS PROPERTY INFORMATION**

Business Landlord or Business Mortgage Bank:	Contact Name and/or Account #:	Phone #:
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**BUSINESS TRADE REFERENCES**

(Please list at least 3 trade suppliers. Please attach any additional references on a separate page.)

Business Name:	Contact, Account # or Fax #:	Phone #:
Business Name:	Contact, Account # or Fax #:	Phone #:
Business Name:	Contact, Account # or Fax #:	Phone #:
Business Name:	Contact, Account # or Fax #:	Phone #:

**OTHER INFORMATION**

Credit Card Processing Terminal(s) /Software Model:	Number of Terminals:	Average Monthly Volume:
Requested Funded Amount:	Do you Accept: Visa/MasterCard Amex Discover Debit EBT Please circle all that apply.	
Prior/Current Advance or Banking Company (if applicable):	Balance:	Underwriter Use Only Split Funds ACH

Applicant authorizes Capital on the Hudson Div. Corp.. and its assigns, agents, banks or financial institutions to obtain an investigative or consumer report from a credit bureau or a credit agency and to investigate the references given on any other statement or data obtained from applicant.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_