

All For You Productions, Inc.

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Funding Application

Business Legal Name:	Doing Business As:		
Legal Entity: <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietorship	Federal Tax ID:		
Business Phone:	Business Website:		
Mobile:	Business Fax:		
Email Address:	Business Start Date:		
Physical Address:	City:	State:	Zip Code:
Mailing Address:	City:	State:	Zip Code:

Owner / Principal Information

Name:	% of Ownership:		
Home Address:	City:	State:	Zip Code:
Email:	Mobile:		
Date of Birth:	Social Security #:		

2nd Owner / Principal Information

Name:	% of Ownership:		
Home Address:	City:	State:	Zip Code:
Email:	Mobile:		
Date of Birth:	Social Security #:		

Business Information

Business Description:	Is business Seasonal:
Current Credit Card Processor:	Any open judgements or tax liens:
Renter or Owned:	Open Bankruptcy:
Rent/Mortgage Amount:	State of Incorporation or Organization:
Landlord/Mortgage Company Contact:	

Funding Information

What is the working capital being requested for?	
Visa/MasterCard Monthly Volume:	Total Monthly Sales (All Forms of Revenue):
Gross Annual Sales (Last Year's Tax Return):	
Do you have any open MCA or loan accounts? If Yes, what is the Current Outstanding Balance?	

Authorization Form

By signing below, each of the above listed business and business owner/officer (individually and collectively, "you") authorize All For You Productions, Inc and each of its representatives, successors, assigns and 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 and investigative reports and other information about you, including credit card processor statements and bank statements, from one or more consumer reporting agencies, such as TransUnion, Experian and Equifax, and from other credit bureaus, banks, creditors and other third parties. You also authorize All For You Productions, Inc 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, All For You Productions, Inc and to each of the Recipients, on its own behalf.

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