



RAINY DAY CAPITAL GROUP

BUSINESS INFORMATION

| | | | |
|---|---------------------|---|------------------|
| Merchant's Legal/Corporate Name: | | DBA: | |
| Physical Address: | | City, State, Zip: | |
| Mailing Address (if different): | | City, State, Zip: | |
| Telephone#: | Federal Tax ID: | Website: | |
| Date Business Started: | Length of Ownership | Email Address: | |
| Type of Entity: (Corporation, General Partnership, LLC, Sole Prop, LLP, S-Corp, Nonprofit, Other) | | Merchant's State of Formation (Legal Domicile): | |
| Merchant Industry Type: | | | |
| Annual Total Sales \$ | | \$Credit Card Sales as % of Total | |
| Current Debt Outstanding Y / N | Current Balance \$ | Name of Bank or Company | |
| Own or Rent Business Premises: | Monthly Amount \$: | Landlord Name | Landlord Phone # |
| Funding Amount Requested \$: | Use of Funds: | | |

OFFICER / OWNER INFORMATION

| | | |
|------------------------------------|------------------------------|------------------------|
| Corporate Officer / Owner Name: | Title: | Ownership %: |
| Additional owner name | Title: | Ownership % |
| Home Address: | | City, State, Zip: |
| Social Security#: | Birth Date: | Cell# |
| Additional owner Social Security # | Additional owner Birth Date: | Additional Owner Cell# |
| Own/Rent: | Home#: | |
| Additional owner Own/Rent: | Additional owner Home# | |

The Business and each Owner/Principal identified above (individually, the "Applicant") each represents, acknowledges and agrees that: (1) Rainy Day Capital Group, and its agents, members, representatives, affiliates, and employees, (collectively, "Rainy Day Capital") is authorized to request and receive any and all credit reports, investigative reports, statements from creditors or financial institutions, verification of information, or any other information relating to the Applicant that Rainy Day Capital deems necessary in connection with Rainy Day Capital's purchase of any of Business's accounts receivable and/or a commercial loan, (2) all information and documents provided to Rainy Day Capital, including, but not limited to, credit card processor statements, are true, accurate and complete, (3) Applicant will immediately notify Rainy Day Capital of any change in such information or the financial condition of the Business,(4) Rainy Day Capital will rely upon the accuracy and completeness of such information and documents,(5) Applicant waives and releases any claims against Rainy Day Capital arising from any act or omission relating to the requesting, receiving or release of information; and (6) Applicant represents that he or she is authorized to sign this form on behalf of Business. A copy of this authorization may be accepted as an original.

Applicant(s) Signature:

Date:

Applicant(s) Signature:

Date: