



Agent: Alvaro J Mantilla

Email: alvaro@ladfunding.com

Business Advance Line Application**Funding Application**

Please fill in the spaces below and mail or fax us the application. By doing so, you are giving LAD Funding Group, as well as its partners, agents, and affiliates, permission to review your business and personal credit history in order to provide you with formal funding approval.

Business Legal Name:	Business DBA Name:	
Address:	Suite/Floor:	
City:	State:	
Zip:	Phone:	
Mobile:	Fax:	
Website:	Email:	
Legal Entity: <input type="checkbox"/> Corp <input type="checkbox"/> Sole Prop <input type="checkbox"/> LLC <input type="checkbox"/> Partnership	Type of Business: <input type="checkbox"/> Retail <input type="checkbox"/> Service <input type="checkbox"/> Home Based <input type="checkbox"/> Manufacturing	
State Incorporated:	Products/Services Sold:	
Federal Tax ID# (EIN):	<input type="checkbox"/> Rent <input type="checkbox"/> Lease <input type="checkbox"/> Mortgage	
Date Business Started:	Landlord Contact Information:	
Length of Ownership:	Monthly Rent or Mortgage: \$	
# of Locations:	Lease Expiration:	
Any other businesses: <input type="checkbox"/> YES <input type="checkbox"/> NO	Current: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Owner #1 / Principal Information		
Name:	Date of Birth:	
Address:	City:	
State:	Zip:	
Phone:	Driver License #:	
Email:	Mobile:	
% of Ownership:	SSN#:	
Owner #2 / Principal Information		
Name:	Date of Birth:	
Address:	City:	
State:	Zip:	
Phone:	Driver License #:	
Email:	Mobile:	
% of Ownership:	SSN#:	
Funding Information		
Amount Requested: \$	Have you used a cash advance plan before?: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Average Visa / MasterCard / Disc Monthly Sales: \$	Company:	How many total:
How many batches per month:	Originally Funded \$	MCA: % or ACH: \$
Average Gross Monthly Sales: \$	Current Balance \$	Any Business Loans: <input type="checkbox"/> YES <input type="checkbox"/> NO
Last Years Total Gross Sales: \$	Date of Last Advance:	
Business Banking Information:	Have you ever filed for BANKRUPTCY?: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Average Daily Balance: \$	If YES - DATE it discharged / structured / closed / dismissed:	
Average Monthly Deposits: # \$	Any Tax Liens or Judgments: <input type="checkbox"/> YES <input type="checkbox"/> NO	
# of NSF's per Month:	Payment Plan: <input type="checkbox"/> YES <input type="checkbox"/> NO Amount: \$	
Overdraft Protection: <input type="checkbox"/> YES <input type="checkbox"/> NO	Seasonal Business: <input type="checkbox"/> YES <input type="checkbox"/> NO	
CREDIT SCORE:	When is PEAK Season:	
	HIGH MONTH: \$ LOW MONTH: \$	
<small>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 Representative including credit card processor statements are true, accurate and complete, (2) Applicant will immediately notify Representative of any change in such information or financial condition, (3) Representative will rely upon the accuracy and completeness of such information and documents, (4) Representative, 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, (5) 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 (6) each Owner/Officer represents that he or she is authorized to sign this form on behalf of Merchant. A copy of this authorization may be accepted as an original. The term "Representative" shall mean any funding source looking to offer, make available, or provide to the Merchant access to loans or merchant cash advances based on such Merchant's future receivables or sales and/or structured with a periodic repayment feature. Owner/Officer(s):</small>		
By: _____	Date: _____	
By: _____	Date: _____	