Email to: capital@hundredfoldmerchantcashadvance.com

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CONTACT INFORMATION** | | | | | | | | | | | | | | | | | | | | |
| Business Legal Name: | | | | | | | | | | Business DBA (if applicable): | | | | | | | | | | |
| Business Phone: | | | | | | | | | | Mobile Phone: | | | | | | | | | | |
| Business Fax: | | | | | | | | | | Other Phone: | | | | | | | | | | |
| Website: | | | | | | | | | | Email: | | | | | | | | | | |
| Physical Address: | | | | | | | | | | City: | | | | | | State: | | | Zip: | |
| Mailing Address: | | | | | | | | | | City: | | | | | | State: | | | Zip: | |
| **BUSINESS INFORMATION** | | | | | | | | | | | | | | | | | | | | |
| Legal Entity (select one): o Corporation o LLC o Partnership o LP o LLP o Sole Proprietorship | | | | | | | | | | | | | | | | | | | | |
| Business Start Date: | Federal Tax ID: | | | | | Home Based Business?  o YES o NO | | | | Open Judgements/Liens?  o YES o NO | | | | Open Bankruptcies?  o YES o NO | | | | State of Inc/LLC: | | |
| Length of Ownership: | | | | | | Years at Location: | | | | # of Locations: | | | | | | | | | | |
| Business Description: | | | | | | | | | | Industry Type (SIC Code): | | | | | | | | Seasonal?  o YES o NO | | |
| Business Rent/Mortgage Information:  o Rented/Leased o Mortgaged | | | | Monthly Rent/Lease/Mortgage Payment: | | | | | | | Dates of **Start & End** for Rent/Lease: | | | | | | | Payment Current?  o YES o NO | | |
| Landlord/Mortgage Company Contact: | | | | | | | | | | | | | Phone Number: | | | | | | | |
| **OWNERSHIP \*If more than one owner, please submit a separate application for each owner.** | | | | | | | | | | | | | | | | | | | | |
| First Name: | | | | | | MI: | | Last Name: | | | | | | | Title: | | | | | % Ownership: |
| Home Address: | | | | | | | | | | City: | | | | | | State: | | | Zip: | |
| Home Phone: | | | | | Mobile Phone: | | | | | | | | Date of Birth: | | | | SS#: | | | |
| Driver's License: | | | | | | | | | | | | | State Issued: | | | | | | | |
| **FUNDING INFORMATION** | | | | | | | | | | | | | | | | | | | | |
| Amount Requested: | | | When Are Funds Needed:  o ASAP o 30 Days o 60+ Days | | | | | | Desired Use of Funding Proceeds: | | | | | | | | | | | |
| Gross Annual Sales: | | Gross Monthly Sales: | | | | | Monthly Credit Card Volume: | | | | | Average Ticket Size: | | | |  | | | | |
| Current Credit Card Processing Company: | | | | | | | | | | | Account Number: | | | | | | | | | |
| **CASH ADVANCE** | | | | | | | | | | | | | | | | | | | | |
| Have you used a cash advance before: | | | | | | Company | | | | | | | | | Original Balance: | | | | | |
| Current Balance: | | | | | | Current Cash Advance?  o YES o NO | | | | | Term: | | | | Daily Payment: | | | | | |
| Holdback %: | | | | | | Weekly Payment: | | | | | |
| **BUSINESS TRADE REFERENCES** | | | | | | | | | | | | | | | | | | | | |
| Business Name: Contact Name Phone: | | | | | | | | | | | | | | | | | | | | |
| Business Name: Contact Name Phone: | | | | | | | | | | | | | | | | | | | | |
| Business Name: Contact Name Phone: | | | | | | | | | | | | | | | | | | | | |
| **AUTHORIZATION** | | | | | | | | | | | | | | | | | | | | |
| By signing below, the Merchant and its owners/principals (1) certify that all information on documents submitted in connection with this application are true, correct and complete, and (2) authorize Hundredfold Merchant Cash Advance LLC, and each of its representatives, agents, partners and lender successors, assigns and designees (“Recipients”) that may be involved with or ac quire commercial loans having daily repayment features or purchases of future receivables including Merchant Cash Advance transactions, including without limitation the application therefore (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 Hundredfold Merchant Cash Advance LLC to transmit this application form, along with any of the foregoing information obtained in connection with this application, to any or all 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, Hundredfold Merchant Cash Advance LLC and to each of the Recipients, on its own behalf.  **Owner Signature: Date: Printed Name:** | | | | | | | | | | | | | | | | | | | | |