

<b>BUSINESS INFORMATION</b>			
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: *
<b>MERCHANT/OWNER INFORMATION</b>			
Corporate Officer/Owner Name: *		Title: *	Ownership %: *
Home Address:		City:	State: Zip:
SSN: *	Date of Birth:	Home #:	Cell #:
<b>PARTNER INFORMATION (if merchant ownership % less than 50%)</b>			
Partner Name:		Title:	Ownership %:
Home Address:		City:	State: Zip:
SSN:	Date of Birth:	Home #:	Cell #:
<b>BUSINESS PROPERTY INFORMATION</b>			
Business Landlord or Business Mortgage Bank:		Contact Name and/or Account #:	Phone #:
<b>BUSINESS TRADE REFERENCES</b>			
(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 #:
<b>OTHER INFORMATION</b>			
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 (FAMNYC) 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 *	

\* necessary information