

Please fax completed application to:

FOR OFFICE USE ONLY

Reference #:

FUNDING APPLICATION

A. BUSINESS INFORMATION

Legal/corporate name:		DBA:			
Physical address:		City:		State:	Zip:
Business phone:		Fax:		Federal tax ID:	
Contact:		E-mail:		Website:	
Date business started:		Length of ownership:		Years at location:	
				# of locations:	

B. OWNERSHIP

Name:		Home phone:		Cell phone:	
Home address:		City:		State:	Zip:
Date of birth:	SSN:	Driver's license #:		State issued:	
% Ownership of company:		Title:		*If more than one owner, please attach additional sheet	

C. LEASE

Landlord name:		Contact:		Work phone:		Cell phone:		Fax:
Monthly rent:		Square feet:		Dates of lease start and end:				

D. TRADE SUPPLIERS

Business name:		Contact:		Phone:	
Business name:		Contact:		Phone:	

E. BUSINESS PROFILE

Ownership:		Merchant type:		Cards accepted:	
<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC		<input type="checkbox"/> Retail <input type="checkbox"/> Restaurant <input type="checkbox"/> Lodging <input type="checkbox"/> Service		<input type="checkbox"/> Internet <input type="checkbox"/> Home-based <input type="checkbox"/> Automotive <input type="checkbox"/> Other _____	
				<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover	

F. CASH ADVANCE

Amount requested:		Have you used a cash advance plan before?:			
Average Visa/MasterCard monthly sales:		Company:			
Average gross monthly sales:		Original balance:		Current balance:	
Average ticket size:		Use of Proceeds:		Holdback %:	

G. OTHER INFORMATION

Current processing company:		# of terminals:																					
Highest volume months:												Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.
Is business seasonal?					If so, details:																		
Is business for sale?					If so, details:																		
Is business usually closed during part of the year?					If so, details:																		
Any open state/federal tax liens against business or owner?					If so, details:																		
Any lawsuits or judgments pending against business or owner?					If so, details:																		

H. SIGNATURE

By signing below, the Merchant and its owners/principals: (1) certify that all information on and documents submitted in connection with this Application are true, correct, and complete; and (2) authorize Lender (s) its agents, partners, and lenders to receive credit reports and any other information regarding the Merchant and its owners/principals from third parties, in order to verify any information provided on the Application.

Signature:		Date:	
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