



Merchant Application

FAX COMPLETED APPLICATION TO: (866) 899-3401

194 B Park Avenue | Amityville, NY 11701 | (631) 608.2811
www.citiwidemerchantfunding.com

Sales Representative #
Name
Contact #

BUSINESS INFORMATION

Type of Entity (check one)	<input type="checkbox"/> Corporation <input type="checkbox"/> S Corporation	<input type="checkbox"/> General Partnership <input type="checkbox"/> Nonprofit	<input type="checkbox"/> LLC <input type="checkbox"/> Other	<input type="checkbox"/> LP <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> LLP	Federal ID (or SS# for Sole Proprietorship)
Merchants Legal Name		D/B/A		Business Phone	
Physical Address		City, State, Zip		Business Fax	
Mailing Address / Billing Address		City, State, Zip		Use of Proceeds	
Business Type; Product/Service Sold	State of Incorporation/Organization	Date business started (mm/yy)	Length of Ownership		
Contact Name	Position	Email Address	Web Address	Requested Advance Amount	

MERCHANT/OWNER INFORMATION (1)

Corporate Officer/Owner Name	Title	Social Security Number	Date of Birth	Ownership %
Driver's License & State	Home Phone Number	Cell Phone Number	Email Address	
Residence Address			City, State, Zip	

OWNER INFORMATION (2)

Corporate Officer/Owner Name	Title	Social Security Number	Date of Birth	Ownership %
Driver's License & State	Home Phone Number	Cell Phone Number	Email Address	
Residence Address			City, State, Zip	

SALES & CREDIT CARD PROCESSING INFORMATION

Visa/MasterCard: Card Swipe ____% Manually Keyed ____% Phone/Mail Order ____% Internet ____% Total (100%)	Avg. Gross Monthly Sales (Cash, Checks, Credit Cards)		
Seasonal Sales: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, high volume months: <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec			
# of Terminals	Terminal Make & Model	Software Type / POS System	Software Type / POS System - Contact Name & Phone

BACKGROUND INFORMATION

Do You Have an OPEN Cash Advance or Dining Program?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If Yes, Company: _____ Balance: _____
Used a Cash Advance Program Before?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If Yes, Company: _____
Any State / Federal Liens against Owner(s)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If Yes, Details: _____
Have You or Business Ever Declared Bankruptcy?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If Yes, Details: _____
Are any Lawsuits or Judgments Pending?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If Yes, Details : _____

TRADE REFERENCE (1) Business Name	Contact, Account Number or Fax Number	Phone Number
TRADE REFERENCE (2) Business Name	Contact, Account Number or Fax Number	Phone Number

BUSINESS PROPERTY INFORMATION

Own/Lease	Lease Start Date	Lease Term	Monthly Rent/Mtg	Type of Building	Square Footage (approx)
Landlord / Mortgage Company		Contact Name	Phone Number	Fax	

1. Application must include a copy of a voided check, each owner's valid driver's license, and your valid business license.
2. Citiwide will conduct independent due diligence of each Merchant that desires financing from Citiwide, and Citiwide may deny financing to any applicant at its sole discretion.
3. Merchant acknowledges and agrees that a consumer or investigative report, including a credit check with recognized credit reporting agency(s), may be conducted in connection with this Application. Merchant hereby authorizes Citiwide and its agents and representatives to (i) initiate such reports, investigations and/or credit checks, (ii) investigate any statements made or data received from or about Merchant and/or its owners/share holders, and (iii) contact any references given by Merchant or its owners/shareholders.
4. Application must include your last 6-12 complete, consecutive credit card statements, and 3 months bank statements.

Owner (1) **X** _____ Date _____ Owner (2) **X** _____ Date _____
Signature _____ Signature _____