

Applicant's Signature

Fax to: 866-295-8391

Phone Number: 866-311-5463

PRINCIPIS CAPITAL MERCHANT APPLICATION

MERCHANT APPLICATION **BUSINESS INFORMATION** Legal/Corporate Name DBA Physical Address City State Zip Code Mailing Address (If different from physical address) City State Zip Code Telephone Number Fax Number **Email Address** State of Incorporation Federal Tax ID Date Business Started (mo/day/yr) Hours of Operation Type of Entity (Select One) ☐ Corporation ☐ Limited liability company ☐ Partnership ☐ Limited partnership ☐ Limited liability partnership ☐ Sole Propietorship Type of Business (Select One) ☐ Retail ☐ Wholesale ☐ Business Services ☐ Consumer Services ☐ Restaurant/Bar ☐ Other Product/Service Sold Website Address CREDIT CARD VOLUME: Please fill-in the net sales for the most recent 4 calendar months Month: **Net Sales:** MERCHANT/OWNER INFORMATION Corporate Officer/Owner Name Title Length of Ownership Years and Months Home Address City State Zip Code Ownership % Date of Birth(month/day/year) Social Security Number Home Phone Number Cell Phone Number PARTNER INFORMATION (Required if less than 51% ownership) Corporate Officer/Owner Name Length of Ownership Years and Months Home Address State Zip Code Ownership % Social Security Number Date of Birth(month/day/year) Cell Phone Number Home Phone Number **BUSINESS PROPERTY INFORMATION** Date Lease Ends(month/day/year) Own/Lease Time at This Location Monthly Rent or Mortgage Months Years Office/Mobile Number Business Landlord or Mortgage Bank Contact Name and/or Account No. _)___-FINANCING INFORMATION Requested Advance Amount Prior/Current Cash Advance Company Current Balance (if applicable) (if applicable) \$ Applicant authorizes PRINCIPIS CAPITAL LLC its assigns, agents, bank or financial institutions to obtain and investigative or consumer report from a credit

Co-Signature

bureau or a credit agency and to investigate the references given on any other statement or data obtained from applicant.

Date