



FAX COMPLETED APPLICATION TO: (866) 899-3401
194 B Park Ave Amityville, NY 11701 | (855)400-3863

Sales Representative #
Name
Contact # (631)608-2812

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 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 Current Business Financing? (LoC, Loan, Merchant Cash Advance, A/R Financing)	<input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, Company: _____ Balance: _____
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		

The Merchant and Owner(s)/Officer(s) identified above (individually, an "Applicant") each represents, acknowledges and agrees that (1) all information and documents provided to Representative including credit card processor statements are true, accurate and complete, (2) Applicant will immediately notify Representative of any change in such information or financial condition, (3) Applicant authorizes Representative to disclose all information and documents that Representative may obtain including credit reports to other persons or entities (collectively, "Assignees") that may be involved with or acquire commercial loans having daily repayment features or purchases of future receivables including Merchant Cash Advance transactions, including without limitation the application therefor (collectively, "Transactions"), and each Assignee is authorized to use such information and documents, and share such information and documents with other Assignees, in connection with potential Transactions, (4) Representative and each Assignee will rely upon the accuracy and completeness of such information and documents, (5) Representative, Assignees, and each of their representatives, successors, assigns and designees (collectively, "Recipients") are authorized to request and receive any investigative reports, credit reports, statements from creditors or financial institutions, verification of information, or any other information that a Recipient deems necessary, (6) Applicant waives and releases any claims against Recipients and any information-providers arising from any act or omission relating to the requesting, receiving or release of information, and (7) each Owner/Officer represents that he or she is authorized to sign this form on behalf of Merchant. A copy of this authorization may be accepted as an original. The term "Representative" shall mean any funding source looking to offer, make available, or provide to the Merchant access to loans or merchant cash advances based on such Merchant's future receivables or sales and/or structured with a periodic repayment feature.

Owner (1) <input checked="" type="checkbox"/> Print Name	Date	Owner (2) <input checked="" type="checkbox"/> Print Name	Date
Owner (1) <input checked="" type="checkbox"/> Signature	Date	Owner (2) <input checked="" type="checkbox"/> Signature	Date