



SPARTAN CAPITAL

MERCHANT APPLICATION

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FINANCIAL INFORMATION

Amount Requested

Existing Loan(s) Yes No

Total Annual Revenue (every 12 months)

Credit Score

Average Monthly Revenue

If Yes, Remaining Balance

Average Monthly Sales via Credit Card

BUSINESS INFORMATION

Legal Name

Street Address

Legal Entity Type

Products/Services Sold

EIN Number

DBA Name

City/State/Zip

Business Phone

Business Start Date

OWNER INFORMATION

Full Name

Street Address

Mobile Phone

Ownership %

Date of Birth

City/State/Zip

Email

SSN

SECOND OWNER INFORMATION (if applicable)

Full Name

Street Address

Mobile Phone

Ownership %

Date of Birth

City/State/Zip

Email

SSN

COMMERCIAL PROPERTY INFORMATION

Own Lease

Monthly Rent/Mortgage Payment

Lease Start Date

Lease End Date

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

Sign:

Date

Sign:

Date

Please type/write brief description for use of funds if approved.