

BUSINESS INFORMATION				
Legal/Corporate Name:		DBA:		
Physical Address:		City:	State:	Zip:
Telephone #:	Fax #:	Federal Tax ID:		
Date Business Started:	Length of Ownership:	Website:		
Type of Entity (check one): Sole Proprietorship      Partnership      Corporation      LLC      Other			Email Address:	
Type of Business (check all that apply): Retail      MO/TO      Wholesale      Restaurant      Supermarket      Other			Product/Service Sold:	
MERCHANT/OWNER INFORMATION				
Corporate Officer/Owner Name:		Title:	Ownership %:	
Home Address:		City:	State:	Zip:
SSN:	Date of Birth:	Home #:	Cell #:	
PARTNER INFORMATION				
Partner Name:		Title:	Ownership %:	
Home Address:		City:	State:	Zip:
SSN:	Date of Birth:	Home #:	Cell #:	
BUSINESS PROPERTY INFORMATION				
Business Landlord or Mortgage Bank:	Contact Name and/or Account #:	Phone #:	Monthly Rent Amount:	
BUSINESS TRADE REFERENCES				
(Please list at least 3 trade suppliers. Please attach any additional references on a separate page.)				
Business Name:	Contact Name and/or Account #:	Phone #:		
Business Name:	Contact Name and/or Account #:	Phone #:		
Business Name:	Contact Name and/or Account #:	Phone #:		
AGENT USE ONLY				
Processing Company:	Number of Terminals:	Terminal Type:	Leased/Owned:	
Requested Advance Amount:	Requested Daily Withholding:	Monthly CC Volume:	Monthly Gross Volume:	
Prior/Current Cash Advance Company (if applicable):	Balance:		Current Advance Holdback:	
<p>Applicant authorizes recipient and its assigns, agents, banks or financial institutions to obtain an investigative or consumer report from a credit bureau or a credit agency and to investigate the references given on any other statement or data obtained from applicant.</p> <p>Applicant's Signature _____ Date _____</p> <p>Applicant's Signature _____ Date _____</p>				