



# FUNDING APPLICATION

Please complete this application and return with 6 months bank statements to receive a formal funding approval. There are no fees, charges or obligations associated with obtaining a pre-approval.

A. BUSINESS INFORMATION			
Business Legal Name:		Business DBA Name:	
Street Address:		City:	
State:	Zip:	Phone:	
Product / Service Sold		Mobile:	
Legal Entity:	Corp	Sole Prop	LLC Partnership
Business Location:		Email:	
Date Business Started:		Federal State Tax #:	
Store Front		Office Home Other	
B. OWNER/PRINCIPLE INFORMATION		OWNER #2 (IF APPLICABLE)	
Name:		Name:	
Address:		Address:	
City, State Zip:		City, State Zip:	
Phone:		Phone:	
Email:		Email:	
% of Ownership:		% of Ownership:	
Date of Birth:		Date of Birth:	
SSN#:	Credit Score:	SSN#:	Credit Score:
C. FINANCIAL INFORMATION			
Amount of Funding Requesting:		Purpose of Funds:	
Existing Advances: Yes / No		Outstanding Balances:	
Current Advances with:		Payment:	
D. LANDLORD OR MORTGAGE INFORMATION			
Rent / Mortgage Monthly Amount:	Landlord / Mortgage Contact:		Landlord / Mortgage Number:

By signing below, the Merchant and it's owners / principals: (1) certify that all information and documents submitted in connection with this Application is true, correct and complete; and (2) authorize recipient and it's affiliates to receive credit reports including credit card processor statements and bank statements, from one or more consumer reporting agencies, such as TransUnion, Experian and Equifax, and from other credit bureaus, banks, creditors and other third parties regarding the Merchant and its owners and principals, to verify any information provided on the Application.

Owner/Principle Signature: \_\_\_\_\_ Owner/Principle Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_