

MERCHANT APPLICATION					
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 (circle one): Sole Proprietorship Partnership Corporation LLC Other				Email Address:	
Type of Business (circle all that apply): Retail MO/TO Wholesale Restaurant Supermarket Other			Requested Advance \$ Amount and Term Length (up to 18 months)		Product/Service Sold:
Annual Revenues of Business	Average Bank Account Balance				
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 #:	
BUSINESSPROPERTYINFORMATION					
Business Landlord or Business Mortgage Bank:		Contact Name and/or Account #:		Phone #:	
BUSINESSTRADEREFERENCES (Please list at least 3 trade suppliers. No personal references)					
Business Name:		Contact, Account # or Fax #:		Phone #:	
Business Name:		Contact, Account # or Fax #:		Phone #:	
Business Name:		Contact, Account # or Fax #:		Phone #:	
Business Name:		Contact, Account # or Fax #:		Phone #:	
OTHER INFORMATION					
Credit Card Processing Terminal(s)/Software Model: <input type="checkbox"/>		Number of Terminals:		Average Monthly Volume:	
		Do you accept: Visa/MasterCard Amex Discover Debit EBT Please circle all that apply.			
Prior/Current Cash Advance Company Yes No <input type="checkbox"/>		Balance if applicable (if application):		Number of Employees:	
SIGNATURE					
Applicant authorizes Lender, 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. Applicant, by signing below, represents that all the information is complete and accurate.					
Applicant's Signature _____				Date _____	