



Please fax completed application to:
231.933.9049

Funding Application

Please fill in the spaces below and mail or fax us the application. By doing so, you are giving **COMPANY**, as well as its agents and affiliates, permission to review your business and personal credit history in order to provide you with formal funding approval.

Business Legal Name:		Business DBA Name:	
Address:		Suite/Floor:	
City:		State:	
Zip:		Phone:	
Mobile:		Fax:	
Website:		Email:	
Type of Business:			
Legal Entity: <input type="checkbox"/> Corp <input type="checkbox"/> Sole Prop <input type="checkbox"/> LLC <input type="checkbox"/> Partnership		Landlord / Mortgage Company:	
Federal Tax ID# (EIN):		<input type="checkbox"/> Rent <input type="checkbox"/> Lease <input type="checkbox"/> Mortgage	
Date Business Started:		Landlord Contact Name:	
Length of Ownership:		Landlord Contact Phone:	
Business References		Contact	Phone
Trade Reference 1 :			
Trade Reference 2 :			

Owner/Principle Information

Name:		Date of Birth:	
Address:		City:	
State:		Zip:	
Phone:		Driver License #:	
Email:		Mobile:	
% of Ownership:		SSN#:	

Funding Information

Amount Requested:		Have you used a cash advance plan before?: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Average Visa / MasterCard Monthly Sales:		Company:	
Average Gross Monthly Sales:		Original Balance:	Holdback :
Average Ticket Size:		Current Balance:	AD:
Amex #:			
Discover #:		Notes:	
Terminal/POS System:			
Products/Services Sold:			
Funding Timeframe:			

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

By: _____ Date: _____

By: _____ Date: _____