

Business Name		DBA	
Legal Entity (LLC, SOLE PROP, CORP)		Rent Or Own?	Monthly Amt
Business Phone #		Personal Phone #	
Business Address	City	State	Zip Code
When did you open your business?	Month?	Year?	Tax ID # (EIN)
Business Owner Name		Ownership Percentage	
Email Address		Personal Phone #	
Business Owner Address	City	State	Zip Code
Date of Birth	Social Security #		
2nd Business Owner Name		Ownership Percentage	
2nd Owner Email Address		2nd Owner Personal Phone #	
2nd Owner Address	City	State	Zip Code
2nd Owner Date of Birth	2nd Owner Social Security #		
Requested Funding Amount		Gross Monthly Revenue	
Monthly Credit Card Processing Per Month		Any Current Cash Advances? If yes, How Many?	
Funded Amount		Balance	
Funded Amount		Balance	

By signing below, each of the above listed business and business owner/officer (individually and collectively, "you") authorize our business loan broker and each of its representatives, successors, assigns and designees ("Recipients") that may be involved with or acquire commercial loans having daily repayment features or purchases of future receivables including Merchant Cash Advance transactions, including without limitation the application therefor (collectively, "Transactions") to obtain consumer or personal, business and investigate reports and other information about you, including credit card processor statements and bank statements, from one or more consumer reporting agencies, such as Trans Union, Experian, and Equifax, and from other credit bureaus, banks, creditors and other third parties. You also authorize our business loan broker to transmit this application form, along with any of the foregoing information obtained in connection with this application, to any or all of the recipients for the foregoing purposes. You also consent to the release, by any creditor or financial institution, of any information relating to any of you, to our business loan broker and to each of the recipients, on its own behalf."

OWNER SIGNATURE _____	CO-OWNER SIGNATURE _____
PRINT NAME _____	PRINT NAME _____
DATE _____	DATE _____