

MERCHANT CASH ADVANCE APPLICATION

BUSINESS INFORMATION		
Business DBA Name:	Business LEGAL Name:	
Business Street Address:	Business Mailing /Billing Address:	
City, State, Zip Code:	City, State, Zip Code:	
Main Contact:		
Phone Number:	Toll Free Phone Number:	Cell Phone Number:
Email Address:	Website:	Fax Number:
Federal Tax ID# (required for partnerships and corporations):		
Number of locations:	Years in Business:	Years with Current Business:
Type of Ownership: If corporation, on what state is it incorporated? <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability (LLC) <input type="checkbox"/> Tax Exempt Org. <input type="checkbox"/> Association/Estate/Trust <input type="checkbox"/> International Organization <input type="checkbox"/> Other: _____		
Type of Business: Type of Goods Sold and/or Services Offered: <input type="checkbox"/> Retail Store/Front Counter <input type="checkbox"/> Food/Lodging <input type="checkbox"/> Service <input type="checkbox"/> Telephone Order <input type="checkbox"/> Internet <input type="checkbox"/> Trade Show <input type="checkbox"/> Kiosk <input type="checkbox"/> Other: _____		
OWNERSHIP INFORMATION		
Owner #1		
Name:	Title:	Ownership Percentage:
Address:		
City, State, Zip Code:	Phone Number:	
Social Security Number:	Date of Birth:	
Owner #2		
Name:	Title:	Ownership Percentage:
Address:		
City, State, Zip Code:	Phone Number:	
Social Security Number:	Date of Birth:	

THIS IS A 3-PAGE FORM.