

Commercial Merchant Funding

FUNDING APPLICATION

PLEASE FAX BACK TO:
1-866-810-2352

New Renewal

BUSINESS INFORMATION			
LEGAL BUSINESS NAME:		DBA NAME:	
PHYSICAL ADDRESS:		CITY:	STATE: ZIP:
MAILING ADDRESS:		CITY:	STATE: ZIP:
BUSINESS PHONE:	BUSINESS FAX:	TYPE OF ENTITY:	
FEDERAL TAX ID (9 digits):	BUSINESS START DATE:	# OF LOCATIONS:	
BUSINESS PROPERTY TYPE: Rent <input type="checkbox"/> Own <input type="checkbox"/>	MONTHLY RENT/MORTGAGE:	LANDLORD/BANK COMPANY NAME:	
LANDLORD/BANK CONTACT NAME:		LANDLORD/BANK PHONE:	
ANNUAL GROSS SALES:	AMOUNT REQUESTED:	USE OF FUNDS:	
EXISTING ADVANCE? Yes <input type="checkbox"/> No <input type="checkbox"/>	IF SO, WITH WHO:	OUTSTANDING BALANCE:	

OWNERSHIP INFORMATION			
PRINCIPAL OWNER NAME:	OWNERSHIP:	SSN#:	D.O.B.:
HOME ADDRESS:	CITY:	STATE:	ZIP:
HOME PHONE:	CELL:	E-MAIL ADDRESS:	
PRINCIPAL OWNER NAME:	OWNERSHIP:	SSN#:	D.O.B.:
HOME ADDRESS:	CITY:	STATE:	ZIP:
HOME PHONE:	CELL:	E-MAIL ADDRESS:	

CREDIT CARD PROCESSING INFORMATION	
CURRENT CREDIT CARD PROCESSOR:	MID:
ANNUAL CREDIT CARD SALES:	AVERAGE MONTHLY CREDIT CARD VOLUME:

Month	MID	V/MC/Disc/Debit	Trans	AMEX	Trans	Total CC Vol	Total Trans