

MERCHANT FUNDING APPLICATION

Tel: (800) 791-0430

Fax: (800) 791-0120

BUSINESS INFORMATION

Legal Name	<input type="text"/>	DBA	<input type="text"/>				
Physical Address	<input type="text"/>	City	<input type="text"/>	State	<input type="text"/>	Zip	<input type="text"/>
Phone #	<input type="text"/>	Fax #	<input type="text"/>	e-mail	<input type="text"/>		
State of Incorporation	<input type="text"/>	Tax ID #	<input type="text"/>	Web Site	<input type="text"/>		
<input type="checkbox"/> Sole Prop	<input type="checkbox"/> Corp	<input type="checkbox"/> LLC	<input type="checkbox"/> Partnership	<input type="checkbox"/> Other	Products / Services Sold	<input type="text"/>	
Date Business Started	<input type="text"/>	Length of Ownership	<input type="text"/>				

BUSINESS LOCATION INFORMATION

<input type="checkbox"/> Owned	<input type="checkbox"/> Leased	Mortgage/ Lease Amount	<input type="text"/>	Landlord Name	<input type="text"/>
Date Lease Ends	<input type="text"/>	Contact Number	<input type="text"/>		

BUSINESS OWNER INFORMATION

Name	<input type="text"/>	Contact Number	<input type="text"/>	% Ownership	<input type="text"/>		
Address	<input type="text"/>	City	<input type="text"/>	State	<input type="text"/>	Zip	<input type="text"/>
SSN	<input type="text"/>	Date Of Birth	<input type="text"/>				

BUSINESS OWNER INFORMATION

Name	<input type="text"/>	Contact Number	<input type="text"/>	% Ownership	<input type="text"/>		
Address	<input type="text"/>	City	<input type="text"/>	State	<input type="text"/>	Zip	<input type="text"/>
SSN	<input type="text"/>	Date Of Birth	<input type="text"/>				

BUSINESS TRADE REFERENCES

BUSINESS NAME	<input type="text"/>		
Contact	<input type="text"/>	Phone Number	<input type="text"/>
BUSINESS NAME	<input type="text"/>		
Contact	<input type="text"/>	Phone Number	<input type="text"/>

FUNDING INFORMATION

Prior / Current Cash Advance Co	<input type="text"/>		
Current balance	<input type="text"/>	Current Holdback %	<input type="text"/>
Avg Monthly Visa / MasterCard	<input type="text"/>		
Avg Monthly Total Gross	<input type="text"/>		
Amount Requested	<input type="text"/>		

Applicant authorizes Merchant Funding Solutions its assigns, agents, bank 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

Applicants Signature

____/____/____
Date

Applicants Signature

____/____/____
Date