



File Information

section 1

Legal Business Name:			Fed Tax ID:		
Doing Business As:	Physical Address:		City:	State:	Zip:
Business Type:				Business Start:	
Corporate Structure: <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation Other:					
Business Phone #:	Bussiness Fax #:	Email:		Website:	

Owner Information

section 2

Owner Name:			SSN:		
Home Address:	City:		State:	Zip Code:	
Date of Birth:	Cell #:		Home #:		
Multiple Ownership:	Ownership %:	Credit Score:	Interested in Credit Repair?		
Owner information 2					
Owner Name:			SSN:		
Home Address:	City:		State:	Zip Code:	
Date of Birth:	Cell #:		Home #:		
Email:	Ownership %:	Credit Score:	Interested in Credit Repair?		

Outstanding Advances

section 3

Lending Company	Original Amount Funded	Funding Date	Payback Amount	Daily ACH / Holdback %	Outstanding Balance

Business Property Information

section 4

Rent or Own: <input type="checkbox"/> Rent <input type="checkbox"/> Own	Length of Ownership:	Years	Months	Monthly Rent / Mortgage:
Lease Start Date:	Term Remaining on lease:	Years	Months	
Landlord Mortgage Co.:	Contact Name/Account Name:		Phone:	

Additional Information

section 5

Average Sales Price:	No. of Terminals:	Avg. Monthly Credit Card Sales:	Avg. Monthly Gross:	Largest Amount Sales:
Amount Requested:	Terminal Type / Model	Processing Method (must equal 100%) Card: <input type="checkbox"/> Mail Order: <input type="checkbox"/> Internet: <input type="checkbox"/>		Current Cash Advance Co. & Balance* (* If Applicable)
Bank Name:	Phone:	City:	State:	Routing Number: Account Number:
Any State / Federal Tax Leins against Business or Owner? <input type="checkbox"/> Yes <input type="checkbox"/> No Details	Have you ever filed for Bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No Details		Is the Business Seasonal? <input type="checkbox"/> Yes <input type="checkbox"/> No Details	

1st Applicant

Date:

2nd Applicant

Date: