

### BUSINESS INFORMATION

Legal/Corporate Name:		DBA:	
Physical Adress:		City:	State: Zip:
Telephone #:		Fax #:	Federal Tax ID:
Date Business Started:	Length of Ownership:		Web Site:
Type Of Entity:	Email Adress:		
Type Of Business:	Product/Service Sold:		

### MERCHANT/OWNER INFORMATION

Corporate Officer/Owner Name:		Title:	Ownership %:	
Home Adress:		City:	State:	Zip:
SSN:	Date Of Birth:	Home #:	Cell #:	

### PARTNER INFORMATION

Partner Name:		Title:	Ownership %:	
Home Adress:		City:	State:	Zip:
SSN:	Date Of Birth:	Home #:	Cell #:	

### BUSINESS PROPERTY INFORMATION

Business Landlord or Business Mortgage Bank:	Contact Name and/or Account #:	Phone #:
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### BUSINESS TRADE REFERENCES

(Please list at least 3 trade suppliers. Please attach any additional referencer on a separate page).

Business Name:	Contact, Account # or Fax #	Phone #:
Business Name:	Contact, Account # or Fax #	Phone #:
Business Name:	Contact, Account # or Fax #	Phone #:

### BACKGROUND INFORMATION

Does the company have any business financing?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, list balances:
Are there any Federal and/or State taxes passed due?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, please explain:
Are there any Federal and/or State taxes passed due?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, please explain:
Are there any Federal and/or State tax lien(s) filed for bankruptcy?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, please explain:
Has this Company or its Principals ever filed for bankruptcy?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, please explain:
Is the business seasonal?	<input type="checkbox"/> No	<input type="checkbox"/> Yes

### OTHER INFORMATION

Credit Card Processing Terminal(s) Software Model:	Number of Terminals:		Avg. Monthly Credit Card Volume	Avg. Monthly Gross Sales Volume		
Requested Advanced Amount:	Do you Accept:	<input type="checkbox"/> Visa/ MasterCard	<input type="checkbox"/> Amex	<input type="checkbox"/> Discover	<input type="checkbox"/> Debit	<input type="checkbox"/> EBT
Prior/ Current Cash Advance Company (if applicable):	Balance:					

By signing below, each of the above listed business and business owner/ocer (individually and collectively, "you") authorize Loanaza LLC 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 and/or personal, business and investigative reports and other information about you, including credit card processor statements and bank statements, from one or more consumer reporting agencies, such as TransUnion, Experian and Equifax, and from other credit bureaus, banks, creditors and other third parties. You also authorize Loanaza LLC to transmit this application form, 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 nancial institution, of any information relating to any of you, to Loanaza LLC and to each of the Recipients, on its own behalf.

Applicant's Signature

Date

and Applicant's Signature

Date