



14 Wall Street, Suite 2060 | New York, NY 10005

Private Equity Line of Credit Application

Email complete information to info@priequity.com

This is a **PDF fill-able doc**. Handwritten applications are unacceptable

BUSINESS INFORMATION

| | | | | |
|---|--|---|---|--|
| Type of Entity (check one) | <input type="checkbox"/> Corporation <input type="checkbox"/> General Partnership <input type="checkbox"/> LLC <input type="checkbox"/> LP <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> LLP <input type="checkbox"/> SCorporation <input type="checkbox"/> Nonprofit <input type="checkbox"/> Other <input type="text"/> | Federal ID <input type="text"/> | | |
| Merchants Legal Name <input type="text"/> | DBA <input type="text"/> | Business Phone <input type="text"/> | | |
| Physical Address <input type="text"/> | City, State, Zip <input type="text"/> | Business Fax <input type="text"/> | | |
| Mailing Address / Billing Address <input type="text"/> | City, State, Zip <input type="text"/> | Use of Proceeds <input type="text"/> | | |
| Business Type; Product / Service Sold <input type="text"/> | State of Incorporation / Organization <input type="text"/> | | Date business started (mm/yy) <input type="text"/> | Length of Ownership <input type="text"/> |
| Contact Name <input type="text"/> | Position <input type="text"/> | Email Address <input type="text"/> | Web Address <input type="text"/> | Requested Advance Amount <input type="text"/> |

MERCHANT/OWNER INFORMATION (1)

| | | | | |
|--|---|--|---------------------------------------|-------------------------------------|
| Corporate Officer/Owner Name <input type="text"/> | Title <input type="text"/> | Social Security Number <input type="text"/> | Date of Birth <input type="text"/> | Ownership % <input type="text"/> |
| Driver's License & State <input type="text"/> | Home Phone Number <input type="text"/> | Cell Phone Number <input type="text"/> | Email Address <input type="text"/> | |
| Residence Address <input type="text"/> | City, State, Zip <input type="text"/> | | | |

OWNER INFORMATION (2) – ONLY IF MERCHANT/OWNER (1) IS LESS THAN 51% (both Owners must exceed 51%)

| | | | | |
|--|-------------------------------|--|---------------------------------------|-------------------------------------|
| Corporate Officer / Owner Name <input type="text"/> | Title <input type="text"/> | Social Security Number <input type="text"/> | Date of Birth <input type="text"/> | Ownership % <input type="text"/> |
|--|-------------------------------|--|---------------------------------------|-------------------------------------|

| | | | | |
|--|---|---|---------------------------------------|--|
| Driver's License & State <input type="text"/> | Home Phone Number <input type="text"/> | Cell Phone Number <input type="text"/> | Email Address <input type="text"/> | |
| Residence Address <input type="text"/> | | City, State, Zip <input type="text"/> | | |

SALES & CREDIT CARD PROCESSING INFORMATION

| | | | | |
|---|--|--|---|--|
| Visa/MasterCard: Card Swipe <input type="text"/> % Manually Keyed <input type="text"/> % Phone/Mail Order <input type="text"/> % Internet <input type="text"/> % Total(100%) | | | | Avg. Gross Monthly Sales (Cash, Checks, Credit Cards) <input type="text"/> |
| Seasonal Sales: <input type="checkbox"/> YES <input type="checkbox"/> NO | If yes, High volume months <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sept <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec | | | |
| Residence Address <input type="text"/> | Terminal Make & Model <input type="text"/> | Software Type / POS System <input type="text"/> | Software Type / POS System-Contact Name & Phone <input type="text"/> | |

BACKGROUND INFORMATION

| | | | |
|--|---|--------------------------------------|--|
| Are you currently paying back a cash advance? <input type="checkbox"/> YES <input type="checkbox"/> NO | If yes, Company <input type="text"/> When taken out? <input type="text"/> Balance <input type="text"/> | | |
| Any State / Federal Liens against the owners or business? (sales tax, mixed beverage, 941, etc.) <input type="checkbox"/> YES <input type="checkbox"/> NO | If yes, Details: <input type="text"/> | | |
| Have you ever filed for Bankruptcy? <input type="checkbox"/> YES <input type="checkbox"/> NO | If yes, Details: <input type="text"/> | | |
| Do you have any Lawsuits or Judgments against you or your business spending? <input type="checkbox"/> YES <input type="checkbox"/> NO | If yes, Details: <input type="text"/> | | |
| TRADE REFERENCE (1) Business Name <input type="text"/> | Contact, Account Number <input type="text"/> | Phone Number <input type="text"/> | |
| TRADE REFERENCE (2) Business Name <input type="text"/> | Contact, Account Number <input type="text"/> | Phone Number <input type="text"/> | |

BUSINESS PROPERTY INFORMATION

| | | | | | |
|-----------------------------------|--|--------------------------------------|--|--|---|
| Own/Lease <input type="text"/> | Lease Start Date <input type="text"/> | Lease Term <input type="text"/> | Monthly Rent / Mtg <input type="text"/> | Type of Building <input type="text"/> | Square Footage (approx) <input type="text"/> |
| | Contact Name <input type="text"/> | Phone Number <input type="text"/> | Fax <input type="text"/> | | |

Managing Member

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

Here is what is needed to complete your request for an Unsecured Business Line of Credit

- Please fill out, sign, and return the attached Priequity Private Equity Line of Credit Application
- Executive Summary: Sample Format Attached
- Articles of Incorporation, Good Standing, Operating Agreements, EIN from the IRS.
- 2 Forms of personal ID State driver's licenses and a US Visa (copies of all owners ID's with more than 20% ownership in the Corp)
- Personal Financial statement (limited edition part of this application)
- Borrowers Consent (owners of 20% or more of Corp or LLC
- \$7,0000.00 Application fee is Non Refundable.
- **The Following Can Wait until the On Line Data Base Platform is set up or until a Secure folder is sent for uploads: Business Bank Statements, Profit and Loss Statement from Business, Previous Year Business Tax Returns.**



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Borrowers Consent

I hereby give our consent to Priequity and its affiliates and/or successors and/or assigns permission to obtain ANY AND ALL INFORMATION regarding ownership, of assets, employment, checking/savings and/or all banking accounts, verification's of mortgages, payoffs, credit obligations and ALL OTHER MATTERS which may be required with our loan application for a loan.

THIS FORM MAY BE REPRODUCED AND THAT COPY SHALL BE AS EFFECTIVE AS THE ORIGINAL CONSENT WHICH WE HAVE SIGNED.

| | | |
|---|----------------------|----------------------|
| <hr/> | <input type="text"/> | <input type="text"/> |
| Borrowers Signature | Date | Date of Birth |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Borrowers name typed or printed | Social Security # | Email Address |
| <input type="text"/> | | |
| Primary Residence Address, City, State, Zip | | |

| | | |
|---|----------------------|----------------------|
| <hr/> | <input type="text"/> | <input type="text"/> |
| Co Borrowers Signature | Date | Date of Birth |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Co Borrowers name typed or printed | Social Security # | Email Address |
| <input type="text"/> | | |
| Primary Residence Address, City, State, Zip | | |

| | | |
|---|----------------------|----------------------|
| <hr/> | <input type="text"/> | <input type="text"/> |
| Co Borrowers Signature | Date | Date of Birth |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Co Borrowers name typed or printed | Social Security # | Email Address |
| <input type="text"/> | | |
| Primary Residence Address, City, State, Zip | | |

| | | |
|---|----------------------|----------------------|
| <hr/> | <input type="text"/> | <input type="text"/> |
| Co Borrowers Signature | Date | Date of Birth |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Co Borrowers name typed or printed | Social Security # | Email Address |
| <input type="text"/> | | |
| Primary Residence Address, City, State, Zip | | |