



Phone #

Fax #

Funding Application

BUSINESS INFORMATION									
Legal Business Name:					D.B.A.				
Type of Entity					Federal Tax ID#				
Legal Address				City		State		Zip	
Physical Address (if different)				City		State		Zip	
Phone #			Cellular #			Fax #			
Date Business Established (MM/YY)		Length of Ownership		Requested Amount of Funds			Use of Proceeds		
Industry Type			Gross Monthly Sales (All revenue)			Credit Card Sales – Monthly Average			
Website				Email					
OWNER/OFFICER INFORMATION									
Name				Title			% of Ownership		
Residence Address				City		State		Zip	
Home Phone #			Social Security #		Date of Birth		Drivers License #		
2 nd OWNER/OFFICER INFORMATION (if applicable)									
Name				Title			% of Ownership		
Residence Address				City		State		Zip	
Home Phone #			Social Security #		Date of Birth		Drivers License #		
BANK INFORMATION									
Bank Name (Business)				Contact Name			Phone		
BUSINESS/TRADE REFERENCES									
Business Name			Contact name/ Account #				Phone #		
PROPERTY INFORMATION									
Landlord/Mortgagee Name				Contact BUa Y			Phone #		
Lease start date		Time Remaining		Monthly Payment			Square Footage (Approx)		
OTHER IMPORTANT INFORMATION									
Have you ever used a Business Cash Advance?				Prior Cash Advance Company				Balance	
AGREEMENT									
<p>The Merchant and Owner(s)/Officer(s) identified above (individually, an "Applicant") each represents, acknowledges and agrees that (1) all information and documents provided to MCA Capital Funding ("MCF") including credit card processor statements are true, accurate and complete, (2) Applicant will immediately notify MCF of any change in such information or financial condition, (3) Applicant authorizes MCF to disclose all information and documents that MCF may obtain including credit reports to other persons or entities that may be involved with or acquire Merchant Cash Advance transactions (collectively, "Assignees"), (4) each Assignee will rely upon the accuracy and completeness of such information and documents, (5) MCF, Assignees, and each of their representatives, successors, assigns and designees (collectively, "Recipients") are authorized to request and receive any investigative reports, credit reports, statements from creditors or financial institutions, verification of information, or any other information that a Recipient deems necessary, (6) Applicant waives and releases any claims against Recipients and any information-providers arising from any act or omission relating to the requesting, receiving or release of information, and (7) each Owner/Officer represents that he or she is authorized to sign this form on behalf of Merchant</p>									
SIGNATURES									
Owner # 1 Signature X				Title			Date		
Owner # 2 Signature X				Title			Date		