



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	