

A. Business Information				
Business Legal Name(Merchant): Dr. dkjhw		Business DBA Name: Dr. dkjhw		
Street Address:		City: MEDUSA		
State: NY	Zip:12120	Phone:		
Website:		Mobile:+1 (885) 962 - 8376		
Legal Entity: <input checked="" type="checkbox"/> Corp <input type="checkbox"/> Solo Prop <input checked="" type="checkbox"/> LLC <input type="checkbox"/> Partnership		Email :		
Business Location: <input type="checkbox"/> Store Front <input type="checkbox"/> Office <input type="checkbox"/> Home <input type="checkbox"/> Other		Industry :Computer/Electronics		
Date Business Started :12-2022		Federal State Tax # : 66-6666776		
B. Business References				
Trade Reference:	Name :	Phone:	<input type="checkbox"/> Rent <input type="checkbox"/> Mortgage <input type="checkbox"/> Lease <input type="checkbox"/> Own Property	Landlord/Mortgage Company Name:
Trade Reference:	Name:	Phone:	Phone:	
C. Owner/Principle Information		Owner #2(if Applicable)		
Name: Dr. dkjhw		Name:		
Address:				
City: MEDUSA, State: NY, Zip: 12120		City: , State: , Zip:		
Phone :+1 (885) 962 - 8376		Phone:		
Email:		Email:		
% of Ownership:	Date of Birth:	% of Ownership	Date of Birth:	
SSN# : 111-11-1111		SSN#:		
Driver`s License: attached		Driver`s License#: Dr. dkjhw		
D. Funding Information				
Your Annual Business Revenue: \$99,987,766	Your Monthly Credit Card Volume: Good (680-719)		Your Average Bank Balance: 100	
Current Advance Balance?	Funding Amount Requested : \$1,111		Use of funds:	
Dialy Payments of Current Advance:	Current Advance held With:		Funding Date of Current Advance : Dr. dkjhw	

By signing below, the merchant and it`s owners/ principle(1) certify that all information and documents submitted connection with this application is true, correct and complete and(2) authorize our partners and lenders to obtain credit reports and any other information regarding the merchant and it`s owners and principles from third party to verify any information provided on the application.

Owner/Principle Signature: _____

Owner/Principle Signature: _____

Print Name:_____Date:_____

Print Name:_____Date:_____