

A. Business Information					
Business Legal Name(Merchant): Dr. dkjhw			Business DBA Name:		
Street Address:			City: FLORAL PARK		
State: NY		Zip:11001	Phone:		
Website:			Mobile:+1 (999) 999 - 9999		
Legal Entity: <input 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 :Agriculture		
Date Business Started :12-2012			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:			Name:		
Address:					
City: FLORAL PARK, State: NY, Zip: 11001			City: , State: , Zip:		
Phone :+1 (999) 999 - 9999			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#:		
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 :	

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:\_\_\_\_\_