

Fax application to 323-704-3257 or email: apply@launchpadlending.com

DBA: City:	A. Business Information									
Address: City: State: Mobile: Fax: Website: Federal Tax ID # State of Inc B. Owner(s) / Principal information Full name Owner #1: Home Address: City: State: Zip City: State: Zip Full name:	Legal Business Name:									
City: State: Zip:	DBA:									
Phone: Mobile: Email:	Address:				Suite/Floor:					
Fax:	City: State:				Zip:					
Website: Federal Tax ID # State of Inc Legal Entity: Corp:	Phone:				Mobile:					
Legal Entity: Corp:	Fax:				Email:					
B. Owner(s) / Principal information Full name Owner #1: Home Address: City: State: Zip City: State: Zip City: SSN: % Ownership of Company: DOB: Home Phone: Full name: Home Address: City: State: Zip City: SSN: % Ownership of Company: DOB: Home Phone: Full name: Home Address: City: State: Zip City: SSN: % Ownership of Company: DOB: Home Phone: Full name: Home Address: City: State: Zip City: State: Zip City: State: Zip SSN: % Ownership of Company: DOB: Home Phone: DOB: Home Phone: Average Monthly Overall Sales (Checks & Cash) Do you have any open Cash Advances? Yes No Have you used a Cash Advance plan before? Yes No Description of Business: Retail: Restaurant: Lodging: Service: Home Based: Automotive: Other: Type of Product Sold: Using the Money For: Wighther Money For: Using the Money For: Wighther For Money For For Statements in the Advance transactions, including Merchant Cash Advance transactions, including M	Website:				Federal Tax ID # State of Inc					
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Full name: Owner #1: Home Address: City: State: Zip City: State: Zip: SSN: % Ownership of Company: SSN: % Ownership of Company: DOB: Home Phone: DOB: Home Phone: C. Additional Owners if Applicable Full name: Full name: Home Address: City: State: Zip City: State: Zip SSN: % Ownership of Company: SSN: % Ownership of Company: DOB: Home Phone: DOB: Home Phone: City: State: Zip City: State: Zip SSN: % Ownership of Company: SSN: % Ownership of Company: DOB: Home Phone: DOB: Home Phone: Average Monthly Overall Sales (Checks & Cash) Do you have any open Cash Advances? Yes No Have you used a Cash Advance plan before? Yes No Description of Business: Retail: Restaurant: Lodging: Service: Home Based: Automotive: Other: Type of Product Sold: Using the Money For: By signing below, each of the above listed business and business owner/officer(s) (individually and collectively, "you") authorize LaunchPad lending and each of its representatives, successors, assigns and designees ("Recipients") that may be involved with or acquire commercial loans having daily repayment features or purchases of future receivables including Merchant Cash Advance transactions, including without limitation the application therefor (collectively, "Transactions") to obtain consumer or personal, business and investigative reports and other information about you, including credit card processor statements and bank statements, from one or more consumer reporting agencies, such as TransDinion, Experian and Equifax, and from other credit bureaus, banks, creditors and other third parties. You also authorize LaunchPad Lending to transmit this application form, along with any of the foregoing information obtained in connection with this application, to any or all of the Recipients for the foregoing purposes. You also consent to the release, by any creditor or financial institution, any of the information relating to any of you, to LaunchPad Lending and teach of the receiplents, on its own behalf.	Date Business started: # of Employees:			Years at Location:				# of Locations:		
Home Address: City: State: Zip City: State: Zip: SSN: % Ownership of Company: SSN: % Ownership of Company: DOB: Home Phone: DOB: Home Phone: C. Additional Owners if Applicable Full name: Full name: Home Address: City: State: Zip City: State: Zip SSN: % Ownership of Company: SSN: % Ownership of Company: DOB: Home Phone: DOB: Home Phone: Company: DOB: Home Phone: Polar Phone: Phone: Phone: Polar Phone: Polar Phone: P	B. Owner(s) / Principal information									
City: State: Zip City: State: Zip: SSN:	Full name Owner #1:				Full name: Owner #2					
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Signature of Owner/Officer #1 DEXTER LIMIR_Print Name: Date: Signature of Owner/Officer #2: Print Name: Date:										