

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

A. Business Information									
Legal Business Name:									
DBA:									
Address:				Suite/Floor:					
City: State:				Zip:					
Phone:				Mobile:					
Fax:				Email:					
Website:				Federal Tax ID # State of Inc					
Legal Entity: Corp: Sole Prop: LLC: Partnership:									
Date Business started: # of Employees:				Years at Location:			# of Locations:		
B. Owner(s) / Principal information									
Full name Owner #1:				Full name: Owner #2					
Home Address:				Home Address:					
City:	State:	Zip	City:			State:		Zip:	
SSN:	% Ownership of Company:		SSN:	SSN:		% Ownership of Company:			
DOB: Home Phone:			DOB:	DOB: Home Phone:					
C. Additional Owners if Applicable									
Full name: Full name:									
Home Address: Home Address:									
City: St	State: Zip Cit			y: State: Zip					
SSN: % Ownership of Company: SSN				N: % 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: Serv				vice: Home Based: Automotive: Other:					
Type of Product Sold:	Using t	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 acquire commercial loans he transactions, including with business and investigative restatements, from one or mobureaus, banks, creditors and along with any of the foregoing purposes. You also feed you, to LaunchPad Lending	h of its represer aving daily repa out limitation the eports and other consumer rend other third ping information o consent to the ng and to each	ntatives, successors, lyment features or pone application therefor information about eporting agencies, suparties. You also aut nobtained in connecter release, by any creof the recipients, on	assigns an urchases of collect you, incluch as Tran horize Laution with the ditor or fir its own be	nd designees (of future receivively, "Transa ding credit caus Union, Expension, Expension Lend this application ancial instituted	"Recipi vables ctions" rd procerian and ing to an iton, ar	ents") tha including I ') to obtain cessor stated ad Equifax, transmit the my or all of my of the in	t may b Mercha n consur- ements and fro his appl f the Re	e involved with or nt Cash Advance mer or personal, and bank om other credit ication form, cipients for the	
<u> </u>					Date:				
Signature of Owner/Officer	#2:	Print	Name:			Date:			