



Fax application to 323-704-3257 or email: [apply@launchpadlending.com](mailto: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: <input type="checkbox"/> Sole Prop: <input type="checkbox"/> LLC: <input type="checkbox"/> Partnership: <input type="checkbox"/>													
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:		% Ownership of Company:						
DOB:		Home Phone:			DOB:		Home Phone:						
C. Additional Owners if Applicable													
Full name:					Full name:								
Home Address:					Home Address:								
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 TransUnion, 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 to each of the recipients, on its own behalf.

Signature of Owner/Officer #1 Michael L Hill Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Owner/Officer #2: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_