



Working Capital Application
COMPANY_ADDRESS
COMPANY_URL

Specialist: _REPRESENTATIVE_NAME_

Phone #: _REPRESENTATIVE_PHONE_

Fax #: _REPRESENTATIVE_FAX_

Email: funding@brightny.com

BUSINESS INFORMATION				
Legal/Corporate Name: Chwa Bistro LLC		DBA:		
Physical Address:		City:	State:	Zip:
Telephone #: 7542671273	Fax #:		Federal Tax ID:	
Date Business Started:	Length of Ownership:		Website: www.brightn.com	
Type of Entity (circle one): Sole Proprietorship Partnership Corporation LLC Other			Email Address: chwahollywoodfl@gmail.com	
Type of Business : _BUSINESS_TYPE			Product/Service Sold:	
Use of Proceeds:	Requested Amount:		Gross Annual Sales:	
OWNER/OFFICER INFORMATION				
Owner First Name: Myreille		Owner Last Name: Toussaint		Ownership %: _OWNERSHIP_PERCENT_
Home Address:		City:	State:	Credit Score: _CREDIT_SCORE_
SSN: _SSN_	Date of Birth: _DOB_	Home #: _HOME_#	Cell #: _CELL_#	
PARTNER INFORMATION (if owner/officer ownership % less than 50%)				
Partner First Name: _PARTNER_FIRST_NAME_		Partner Last Name: _PARTNER_LAST_NAME_		Ownership %: _PARTNER_OWNERSHIP_PER_
Home Address: _PARTNER_HOME_ADDRESS_		City: _PARTNER_CITYS_		Credit Score: _PARTNER_CREDIT_SCORE_
SSN: _PARTNER_SSNS_		Date of Birth: _PARTNER_DOBS_	Home #: _PARTNER_HOMES#_	Cell #: _PARTNER_CELLS#_
BUSINESS PROPERTY INFORMATION				
Business Landlord or Business Mortgage Bank: _BUSINESS_LANDLORD_		Contact Name and/or Account #: _BUSINESS_CONTACT_NAME_		Phone #: _BUSINESSPHONE_
Own/Lease: (circle one): _BUSINESS_OPTION_		Monthly Rent or Mortgage: _MONTHLY_RENT_		
CREDIT CARD INFORMATION				
Credit Card Processing Terminal(s)/Software Model: _CREDIT_CARD_PROCESSING_TERMINALS_		Number of Terminals: _NUM_OF_TERMINALS		Average Monthly Volume: _AVERAGE_MONTHLY_VOLUME
State of Incorporation: _INCORPORATION_STATE		Do you Accept: Visa/MasterCard Amex Discover Debit EBT Please circle all that apply. _ACCEPTED_CARDS_		
Prior/Current Working Capital / Funding (if applicable): _FUNDING_		Balance: _BALANCE		Underwriter Use Only Split Funds __ ACH __
BANK INFORMATION				
Previous Month Business Deposits		2 Months Ago Business Deposits		3 Months Ago Business Deposits
4 Months Ago Business Deposits				
Previous Month # Neg. Days		2 Months Ago # Neg. Days		3 Months Ago # Neg. Days
4 Months Ago # Neg. Days				
_PREVIOUS_MONTH_#NEG_DAYS		_TWO_MONTH_AGO_#NEG_DAYS		_THREE_MONTH_AGO_#NEG_DAYS
_FOUR_MONTH_AGO_#NEG_DAYS				
<small>By signing below, each of the above listed business and business owner/officer (individually and collectively, "Applicant") certify that the Applicant is an owner of the above named business and that all information provided in the application is true and accurate. Applicant shall immediately notify Bright Minds NY, INC dba Bright NY of any change in such information or financial condition. Applicant authorizes _COMPANY_NAME_ to share this application with each of its representatives, successors, assigns and designees ("Assignees") or any other parties that may be involved with the extension of credit pursuant to this application including those who offer commercial loans having daily repayment features or purchases of future receivables including Merchant Cash Advance transactions, including without limitation the application therefor (collectively, "Transactions"). Applicant further authorizes _COMPANY_NAME_ and all Assignees to request and receive any third party consumer or personal, business and investigative reports and other information about Applicant, 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. Applicant authorizes _COMPANY_NAME_ to transmit this form, along with any other foregoing information obtained in connection with this application, to any or all of the Assignees for the foregoing purpose. You also consent to the release, by any creditor or financial institution, of any information relating to any of you, to _COMPANY_NAME_ and to each of the Assignees, on its own behalf. Applicant waives and releases any claims against Recipients and any information-providers arising from any act or omission relating to the requesting, receiving or release of the information obtained in connection with this application.</small>				
ESIGN		_ESIGN2_		
Myreille Toussaint		Applicant's Signature		Date