



Working Capital Application
761 Coates Ave, Unit 60 Holbrook NY 11741
www.visioncap.net

Specialist: Lucas Rubenstein

Phone #: (516) 426-7510

Fax #:

Email: lucas@visioncap.net

BUSINESS INFORMATION			
Legal/Corporate Name: Chwa Bistro LLC		DBA:	
Physical Address: -		City: Fort Lauderdale	State: Zip:
Telephone #: (754) 267-1273	Fax #:	Federal Tax ID:	
Date Business Started:	Length of Ownership:	Website:	
Type of Entity (circle one): Sole Proprietorship Partnership Corporation LLC Other		Email Address: abhi2112mca@gmail.com	
Type of Business :		Product/Service Sold:	
Use of Proceeds:	Requested Amount:	Gross Annual Sales:	
OWNER/OFFICER INFORMATION			
Owner First Name: Myreille	Owner Last Name: Toussainpa	Ownership %:	Credit Score:
Home Address:	City: Fort Lauderdale	State:	Zip:
SSN:	Date of Birth:	Home #:	Cell #:
PARTNER INFORMATION (if owner/officer ownership % less than 50%)			
Partner First Name:	Partner Last Name:	Ownership %:	Credit Score:
Home Address:	City:	State:	Zip:
SSN:	Date of Birth:	Home #:	Cell #:
BUSINESS PROPERTY INFORMATION			
Business Landlord or Business Mortgage Bank:	Contact Name and/or Account #:	Phone #:	
Own/Lease: (circle one):	Monthly Rent or Mortgage:		
CREDIT CARD INFORMATION			
Credit Card Processing Terminal(s)/Software Model:	Number of Terminals:	Average Monthly Volume:	
State of Incorporation:	Do you Accept: Visa/MasterCard Amex Discover Debit EBT Please circle all that apply.		
Prior/Current Working Capital / Funding (if applicable):	Balance:	Underwriter Use Only Split Funds	
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
<p>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.</p>			
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Myreille Toussainpa		Date	Applicant's Signature
		Date	