

**Allied Funding Group**

1711 Ginesi Drive, Suite 5, Freehold, NJ 07728

Ph: 877-277-5471 Fax: 888-614-0330

info@alliedfundinggroup.com

BUSINESS INFORMATION

Legal Business Name:		DBA (if different):	
Legal Entity: <input type="checkbox"/> Corp <input type="checkbox"/> LLC <input type="checkbox"/> Sole Prop <input type="checkbox"/> LP <input type="checkbox"/> Other _____		Date Business Established: (MM/DD/YYYY):	
Business Classification: <input type="checkbox"/> Retail <input type="checkbox"/> Restaurant <input type="checkbox"/> Services <input type="checkbox"/> Manufacturer/Wholesaler <input type="checkbox"/> Internet <input type="checkbox"/> Mail Order/Telephone Order			
Physical Address:		City	State
Mailing Address:		City	State
Business Phone:		Business Fax:	Mobile:
E-mail:		Website:	
Tax ID Number or Business Number:		Terminal/POS Make/Model:	
Property Ownership: <input checked="" type="checkbox"/> Rent <input type="checkbox"/> Own		Landlord/Mortgage Company Name:	Products Sold:
Landlord Contact Name:		Rent / Mortgage Payment: \$	
Landlord / Mortgage Company Phone:		Are there any judgments or tax liens against the business or any principals? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has the business or any principal ever filed for Bankruptcy Protection? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes to (judgment or tax liens) are there any payment plans? <input type="checkbox"/> Yes <input type="checkbox"/> No	

OWNER / PRINCIPAL INFORMATION

Name:		Title:	% of Ownership:
Home Address:		City	State
Home Phone:		Cell Phone:	
E-Mail Address:			
Date of Birth (MM/DD/YY):		Social Security #:	
Drivers License #:		Drivers License State of Issuance:	

OWNER / PRINCIPAL INFORMATION

Name:		Title:	% of Ownership:
Home Address:		City	State
Home Phone:		Cell Phone:	
E-Mail Address:			
Date of Birth (MM/DD/YY):		Social Security #:	
Drivers License #:		Drivers License State Issuance:	

COMPANY INFORMATION

Average Monthly Card Sales: \$	Total Monthly Sales: \$	Annual Gross Sales: \$
Desired Funding Amount: \$		Use of Funds:
Current Loan/Advance Balance? <input type="checkbox"/> Yes: *Balance \$ _____ Held With: _____ <input type="checkbox"/> No Current Loan/Advance		

AUTHORIZATIONS

By signing below, each of the above listed business and business owner/officer (individually and collectively, "you") authorize [GVC Inc. DBA Allied Funding Group] ("AFG") 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 AFG 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, of any information relating to any of you, to AFG and to each of the Recipients, on its own behalf.

Owner/Principal Signature: _____

Owner/Principal Signature: _____

Print Name:

Date:

Print Name:

Date: