

Business Funding Prequalification Request

Please fax completed prequalification request to (888) 764-8135

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT:

In connection with opening an account, we will ask for and retain your name, address, date of birth, and other information that will allow us to identify and verify you. We also may ask to see your driver's license or other identifying documents. If required by Federal law, we may report this information to government agencies to help fight the funding of terrorism and money laundering activities.

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A. Business Information											
Legal/corporate name: fvbhehth	rt			DBA: fbhe	nbtfehr	n					
Physical address: hrthrh				City: hr	City: hr			State: hr		Zip: hr	
Mailing address: rhhr				City: hr	City: hr			State: hr		Zip: rh	
Federal tax ID: 222222222				Business p	Business phone: hr			Fax:			
Contact: scaefggeg				Email: arat	f@gg			Websit	e:		
Date business started: 2022-08-16 Length of ownership: 346464				Years at location:		n:	# of locations:		ons:		
3. Ownership											
Owner name:				Home	phone:	:		Cell ph	one:		
Home address:				City:				State: Zip:			
Driver's license #:			SSN:	Date of birth:				% ownership of company:			
			•	I					· ·	•	
Co-owner name:				Home	phone:	<u> </u>		Cell ph	one:		
Home address:				City:	<u> </u>			State: Zip:			
Driver's license # :				Date of	Date of birth:			% ownership of company:			
C. Lease			•	•							
Landlord name/contact:			Work phone:			Cell phone):		Monthly re	ent:	
			Trent phone.				·-		1		
D. Business Profile	1										
Ownership:	Merchant		_	_				Cards	accepted:		
Sole Proprietorship	SoRet	ail	Restaurant	Whole	esale			U Vis	sa	Discover	
Corporation	Lodgir	ng	Service	SIC co	ode			— 	asterCard	PIN-based	
Partnership	Intern	et	Home-based	Other				│ │	nerican	debit	
LLC	Autom	otive						Expres	s		
E. Existing Business Finan	cing										
Do you have existing business fi	nancing?:			If so, comp	pany:						
Original balance:				Current balance:							
F. Business Revenue				•							
Current processing company:							# of terminal	s:			
Highest volume months:											
Average gross monthly sales: Average ticket size:				Average			Average Visa	e Visa/MasterCard monthly sales:			
G. Other Information											
Is business seasonal or closed during part of the year?:					If so, details:						
ls business for sale?:					If so, details:						
Any open state/federal tax liens against business or owner?:					If so, details:						
	ing against b				If so, details:						

calls or text messages to mobile, cellular, wireless or similar devices and calls or text messages using an automated telephone dialing system and/or artificial voices or prerecorded messages, even if you incur charges for receiving such communications. Authorization to Contact You By Other Means: You also agree that we and our affiliates, agents and independent contractors may use any other medium, as permitted by law and including, but not limited to, mail, e-mail and facsimile, to contact you.

H. Signature and Authorization to Obtain Information

By signing below, the Merchant and its owners/principals each: (1) certify that all information on and documents submitted in connection with this Prequalification Request are true, correct, and complete; and (2) acknowledge that the owners/principals are personally liable for Merchant; and (3) provide authorization and 'written instruction' to Credibly under the Fair Credit Reporting Act to obtain information from your personal and/or business credit profile as well as additional information from credit bureaus and other sources. This authorization and written instruction is to obtain information solely to conduct a prequalification for business funding, verify provided information and report fraudulent transactions. If you are requesting prequalification on-line, clicking "I AGREE" shall be written instructions with the same effect as your signature.

Owner Signature	Co-Owner Signature					
Aug 30, 2022 07:26AM EST Authorized Signature	Aug 30, 2022 07:26AM EST Authorized Signature					