



Merchant Pre-Qualification Form

Business Legal Name:		Doing Business As:	
Legal Entity: Corp LLC Partnership Ltd Parnteship LLP Sole Prop		Federal Tax ID:	
Business Phone:		Company Website:	
Cell Phone:		Business Fax:	
Email Address:		Business Start Date: State of Incorporation:	
Physical Address:		City:	State: Zip:
Mailing Address:		City:	State: Zip:

Owner / Principal Information

Full Legal Name Owner 1:		% of Ownership:	
Home Address:		City:	State: Zip:
Email Address:		Cell Phone:	
Date of Birth:		Social Security #:	

2nd Owner / Principal Information

Full Legal Name Owner 2:		% of Ownership:	
Home Address:		City:	State: Zip:
Email:		Mobile:	
Date of Birth:		Social Security #:	

Business Information

Business Description:	
<input type="checkbox"/> Rent <input type="checkbox"/> Mortgage/Owned:	Open Bankruptcy?
Monthly Rent or Mortgage: Payment:	
Landlord Name:	Landlord Contact Number:

Funding Information

How much Capital is being requested?	When do you want to be funded? <input type="checkbox"/> Now <input type="checkbox"/> 15 days <input type="checkbox"/> 30 days <input type="checkbox"/> 60 days <input type="checkbox"/> 90 days
What is the Capital being requested for?	
Visa/MasterCard Monthly Volume:	Total Monthly Sales (All Forms of Revenue):
Gross Annual Sales (Previous Year's Tax Return):	Current Credit Card Processor:
Do you currently have a Business Loan / Merchant Cash Advance? If Yes, what is the Current Outstanding Balance?	

Authorization Form

By signing below, each of the above listed business and business owner/officer (individually and collectively, "you") authorize AR Capital 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 therefore (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 Trans Union, Experian and Equifax, and from other credit bureaus, banks, creditors and other third parties.

Owner Signature: _____ **Co-Owner Signature:** _____

Print Name: _____ **Print Name:** _____

Date: _____ **Date:** _____

**Please Note: All Application Fields Are Required to be Completed prior to Submission.*