

**Your Business Information:**

How much cash funding are you applying for? \$ _____ Date: _____

Legal/Corporate Name: _____ D/B/A: _____

Type of Entity (LLC, INC, Sole Prop.): _____ Date Business Started: _____ State of Incorporation: _____

Federal Tax ID#: _____ Business Web Address (if available): _____

Business Address: _____ City: _____ State: _____ Zip Code: _____

Business Tel: _____ Fax: _____ Email: _____

Describe your Business: _____

Monthly Gross Revenue: \$ _____ CC Processing - Monthly Volume: \$ _____ Current Processing Company: _____

Do you have any current Loans or Advances? ☐ Yes ☐ No If yes, Company Name: _____**Merchant/Owner Information:**

Corporate Officer/Owner Name: _____ Title: _____

Ownership %: _____ Length of Ownership: _____ Date of Birth: _____ Social Sec. #: _____

Home Address: _____ City: _____ State: _____ Zip Code: _____

Home Tel: _____ Cell: _____ Email: _____

Merchant/Co-Owner Information: *(Only complete if there are two owners*)*

Corporate Officer/Owner Name: _____ Title: _____

Ownership %: _____ Length of Ownership: _____ Date of Birth: _____ Social Sec. #: _____

Home Address: _____ City: _____ State: _____ Zip Code: _____

Home Tel: _____ Cell: _____ Email: _____

Business Property Information: [] Own [] Lease

Monthly Rent/Mortgage: \$ _____ Business Landlord/Mortgage Bank: _____ If leased, date lease ends: _____

Contact Name and/or Account: _____ Contact Tel: _____

Trade References:

1. Business Name: _____ Contact Name: _____ Tel: _____

2. Business Name: _____ Contact Name: _____ Tel: _____

3. Business Name: _____ Contact Name: _____ Tel: _____

Authorization Form & Terms:

By signing below, each of the above listed business and business owner/owners (individually and collectively, "Applicant") authorize NRS Funding, LLC and each of its representatives, successors, assigns and designees, and Third Party Funders (together, "Recipients") that may be involved with or acquire commercial loans, equipment financing, traditional factoring, or purchases of future receivables including Merchant Cash Advance transactions, including without limitation the application therefor (collectively, "Transactions") to obtain consumer and/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. Applicant also authorizes NRS Funding, LLC to transmit this application form, with any of the foregoing information obtained in connection with this application, to any or all of the Recipients. Applicant also consents to the release, by any creditor or financial institution, of any information relating to Applicant, to NRS Funding, LLC and to each of the Recipients, on its own behalf. "Third Party Funders" shall mean any funding source that is in the business of offering, making available, and providing to businesses loans, equipment financing, factoring products, and/or merchant cash advance products. Applicant is also providing a business cell phone and business e-mail address and hereby consents to the receipt of correspondence/messages regarding transactions with or via the Recipients. Applicant also hereby consent to the receipt of text messages knowing that message and data rates may apply. Applicant understands that consent to receive text messages is not a condition of approval. Applicant can expect to receive around 10 text messages/month. Applicant waives and releases any claims that it has or may have against Recipients arising from or related to this application. Applicant certifies that all the information contained herein, and all documents provided along with this application are complete, true, and accurate and Applicant will notify NRS Funding, LLC if there is any change to such information.



Owner Signature: X _____ Print Name: _____ Date: _____

Co-Owner* Signature: X _____ Print Name: _____ Date: _____

*IF TWO OWNERS

Sales Representative: _____

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