SHIELD FUNDING

SECURE APPLICATION

Legal Business Name:		**DBA**:(**Same as Legal Name Unless Different**)	
Business Address:	**City**:	**State**:	**Zip**:
Business Phone:	**Mobile**:	**Company Email**:	
Tax ID:	**State of Inc**:	**Date Business Started**:	**Percentage of Ownership**:
Nature of Business:	**Monthly Revenue:**	**Amount Requested:**	**Any Open Loans/Advances?**
Legal Entity:			
First Name:	**Last Name**:	**Date of Birth**:	**Social Security**:
Home Address:	**Home City**:	**Home State**:	**Home Zip**:

In order to expedite the funding process please upload 4 recent business bank statements. Your approval amount will get generated shortly after.

Signature of Owner/Officer:_____ Date: _____

By signing, each of the above listed business and business owner/officer(s) (individually and collectively, "you") authorize Shield Funding 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 TransUnion, Experian and Equifax, and from other credit bureaus, banks, creditors and other third parties. You also authorize Shield Funding to transmit this application form, along with any of the foregoing information obtained in connection with this application, to any or all the Recipients for the foregoing purposes. You also consent to the release, by any creditor or financial institution, any of the information relating to any of you, to Shield Funding and to each of the recipients, on its own behalf.