Cash Advance Financing Program Pre-Qualification Application

Agent # 2087 Agent Name CTC

Business Financial Services Your Small Business Funding Source

877-411-6691 x 315 www.businessfinancialservices.com

Directions: Please fill in the spaces provided as completely as possible. If there is more than one location please attach separate forms with additional addresses.

BUSINESS INFORMATION										
Legal Business Name:	al Business Name: DE		: (if different)							
Business Phone:			Toll Free Number:				Fax:			
Business Physical Address:					_					
			State:			Zip Code:				
Email Address:		Web	Site Address:							
Business Mailing Address:		City:		Sta	ate:		Zip Code:			
Federal Tax Identification #:		State	Tax Identification #	t: Sta	ate of Ir	ncorporat	ion:			
Date Business Established: (mm/yyyy)			Length Of Owners	hip:						
Legal Entity: Circle one C-Corporation S- Corporation	poration Sole Pr	oprieto	rship Limited Liab	oility F	Partner	ship				
Intended Use of Funds:					net, 50% Retail/50% Service , Services, Manufacturer, Wholesale					
Products Services Sold:	Monthly VISA/MC				Total Monthly Sales:					
	BUSINESS OW	/NED II	VEORMATION							
Owner #1 Name:	BUSINESS OV	VNEK II	NFORMATION	F	Percent	age of O	wnership:			
Home Address:			Length of Time	at Address: Marital Status: M D S P						
City:	State: Zip Code:			Driver's License Number: State:						
Social Security Number:	Home Phone	Numbe	r:	Cell N	lumber	:		<u>I</u>		
Owner #2 Name:				Perce	ntage o	of Owners	ship:			
Home Address:			Length of Time at Ad			ss: Marital Status: M D S P				
City:	State:		Zip Code:		Driver's License Nur		ber:	State:		
Social Security Number:	Home Phone	Numbe	r:	Cell N	lumber	:				
	TRADE & BAN	KING I	NFORMATION							
Bank Name:	Phone Number:			Contact Person:						
Address:		City:		State:		Zij	p:			
Largest Vendor Name:			ct Name:			,				
Phone #:	Fax #:		Account #:		ABA #:					
2 nd Largest Vendor Name:			Contact Name:							
Phone #:	Fax #:			Account #:						
3rd Largest Vendor Name:			Contact Name:							
Phone #:	Fax #:			Accou	nt #:					
PAGE 1 of 2										

Cash Advance Financing Program Pre-Application page 2 of 2 Agent # 2087 Agent N

Agent Name CTC



Agent # 2007		Agentin	anie OTO					Your Small Busin	ness Funding Source
			PROCESSING	INFORMA	ATION				
VISA/ MASTERCARD	% Card Swiped:	% Manually Keye with Imprint:		lly Keyed	% Phone/M Order:	ail %	Internet:	%Total = 100	Terminal Type:
		L	ANDLORD/MORT	GAGE INF	ORMATION				
_andlord Name:		Landlord Phor	ne Number:	Landlord	I Fax Number:		How Many	years rema	ining on lease?
Bank Name:		Ba	ank Phone Number	ne Number: Contact Name:					
Account Number:		Balance of Mortgage: Monthly Paymen				y Payment:	:		
ehalf, electroni	cally or oth	ounn & Bradstree herwise. or Authorized A							-
	311-8838	OR 954-345-4	975						
IOTES:									