

Working Capital Pre-Application

Referring ID: _____

BUSINESS INFORMATION

Legal Business Name:		DBA (if different):	
Legal Entity: <input type="checkbox"/> Corp <input type="checkbox"/> LLC <input type="checkbox"/> Sole Prop <input type="checkbox"/> LP <input type="checkbox"/> Other _____		Business Start Date (MM/DD/YY):	
Business Classification: <input type="checkbox"/> Retail <input type="checkbox"/> Restaurant <input type="checkbox"/> Services <input type="checkbox"/> Manufacturer/Wholesaler <input type="checkbox"/> Internet <input type="checkbox"/> Mail Order/Telephone Order			
Physical Address:			
Mailing Address:			
Business Phone:		Business Fax:	
Mobile:		E-Mail:	
Website:		Products Sold:	
Tax ID Number or Business Number:		Terminal/POS Make/Model:	
Property Ownership: <input type="checkbox"/> Lease <input type="checkbox"/> Own		Length of Ownership: _____ years _____ months	
Landlord / Mortgage Company Name:		Landlord Contact Name:	
Landlord / Mortgage Company Phone:		Rent / Mortgage Payment: \$	

OWNER / PRINCIPAL INFORMATION

Name:		Title:	% of Ownership:
Home Address:			
Home Phone:		Cell Phone:	
E-Mail:			
Date of Birth (MM/DD/YY):		Social Security or Social Insurance#:	
Drivers License #:		Drivers License State or Province of Issuance:	

OWNER / PRINCIPAL INFORMATION

Name:		Title:	% of Ownership:
Home Address:			
Home Phone:		Cell Phone:	
E-Mail Address:			
Date of Birth (MM/DD/YY):		Social Security or Social Insurance#:	
Drivers License #:		Drivers License State or Province of Issuance:	

FUNDING INFORMATION

Desired Advance Amount: \$	Purpose of Advance/ Use of Funds:
Current Advance Balance? <input type="checkbox"/> Yes: *Balance \$ _____ Held With: _____ <input type="checkbox"/> No Current Advance	

TRADE REFERENCES

COMPANY (Largest Vendors)	CONTACT NAME	CONTACT PHONE NUMBER

By signing below, the Merchant and its Owners / Principals certify that all information and documents submitted in connection with this Application are true, correct and complete. Additionally, authorize Business Financial Services, Inc. or BFS Canada, Inc. or any of its agents, partners, and affiliates to (1) obtain and use non-business consumer credit reports and any other information regarding the Merchant and its Owners and Principals from third parties, to verify any information provided on the Application; and (2) to obtain the 12 most recent monthly reports detailing Merchant's credit card processing activity from its card processor or any agent or other third party utilized by that processor to authorize, clear and/or settle credit card payments.

Owner/
Principal Signature: _____
Print Name: _____

Co-Owner/
Co-Principal Signature: _____
Print Name: _____

General Authorization

To whom it may concern:

I/ we _____ (Business owner(s)/Principal(s)) hereby authorize the release of any and all information pertaining to my/our business known as:

(Legal Name of Business / DBA), as requested by Business Financial Services, Inc. or BFS Canada, Inc. or any of their affiliates, agents, assigns, representatives, in connection with my/our application.

This General Authorization also serves as instruction to any person to release the requested information, including but not limited to: deposit accounts, merchant accounts, payment cards processing accounts, credit references/verifications, payment history, balance, status, etc.

The undersigned hereby consent(s) to Business Financial Services, Inc. or BFS Canada, Inc. to obtain and use non-business consumer credit reports on the undersigned in order to further evaluate the undersigned as principal(s), member(s), partner(s), proprietor(s) and/or guarantor(s) and to obtain and use business information from, but not limited to, credit report bureaus, Dun & Bradstreet or its equivalent, public records, UCC or PPSA Holders, banks, financial institutions, landlords, vendors, suppliers, etc.

I/we attest that the information submitted in the application is correct to the best of my/our knowledge and has been submitted voluntarily.

A photocopy or facsimile of this authorization shall be deemed to be the equivalent of an original.

Owner/Principal Signature

Owner/Principal Name, Printed

Dated this _____ day of _____ 2012

Owner/Principal Signature

Owner/Principal, Printed

Dated this _____ day of _____ 2012

Business Name: _____

Physical Address: _____

Business Phone: _____