



MedDirect Capital  
Phone: (561)337-2290  
Fax: (561) 303-2714

Application for:

Prepared by:

### Business Information

<input type="text"/> Legal Business Name		<input type="text"/> DBA Name
<input type="text"/> Street Address		<input type="text"/> Business Phone
<input type="text"/> City		<input type="text"/> Business Fax
<input type="text"/> State	<input type="text"/> ZIP	<input type="text"/> Email Address
<input type="text"/> Own or Lease Facility	<input type="text"/> Rent or Mortgage Payment	<input type="text"/> Owned Business Since (Mth/Yr)
<input type="text"/> Lease Start Date	<input type="text"/> Lease Term	<input type="text"/> Business Open Date (Mth/Yr)
<input type="text"/> Days of Operation	<input type="text"/> # of Employees	<input type="text"/> # of Locations
<input type="text"/> Landlord/Mortgage Company Name and Contact Information		<input type="text"/> Type of Building(s)
<input type="text"/> Briefly Describe Business		<input type="text"/> NPI Number (if applicable)

### Financial Information

<input type="text"/> Types of Electronic Payments Accepted (List All)	<input type="text"/> Federal Tax ID Number (9 Digits)
<input type="text"/> Average Monthly Sales Volume from Electronic Payments (CCs, Insurance, etc.)	<input type="text"/> Is your business for sale?
<input type="text"/> Estimated Total Monthly Sales	<input type="text"/> Do you have Federal or State Tax Liens? If yes, explain.
<input type="text"/> Requested Financing Amount	<input type="text"/> Do you have any Outstanding Financing? If yes, list names and balances.
<input type="text"/> Are you currently using a Billing Company? (List Name)	<input type="text"/> Have you ever filed for Bankruptcy? If yes, include dates and explanation
<input type="text"/> Intended Use of Proceeds	

### Principal Owner Information #1

### Principal Owner Information #2

<input type="text"/> Principal Owner Name	<input type="text"/> Social Security Number	<input type="text"/> Principal Owner Name	<input type="text"/> Social Security Number
<input type="text"/> Date of Birth (mm/dd/yyyy)	<input type="text"/> % Ownership	<input type="text"/> Date of Birth (mm/dd/yyyy)	<input type="text"/> % Ownership
<input type="text"/> Home Address	<input type="text"/> City	<input type="text"/> Home Address	<input type="text"/> City
<input type="text"/> State	<input type="text"/> ZIP	<input type="text"/> State	<input type="text"/> ZIP
<input type="text"/> Home Phone	<input type="text"/> Cell Phone	<input type="text"/> Home Phone	<input type="text"/> Cell Phone

The Business Applicant and each person signing this Application ("Signer") certifies that all information provided by the Business Applicant and Signer is true and complete and authorizes the following: 1) obtain credit and/or employment information about the Business Applicant and Signer; 2) obtain credit reports and make any inquiries regarding the Business Applicant and Signer considers appropriate in connection with this Application or reviews of the Business Applicant's account from time to time; and 3) disclose account information as permitted by law. The Business Applicant and Signer acknowledge that additional information may be required in order to render a decision on this Application. SIGNER ACKNOWLEDGES THAT THE STATEMENTS AND INFORMATION SET FORTH IN THIS APPLICATION AND THAT SUCH STATEMENTS AND INFORMATION MAY BE INCORPORATED BY REFERENCE IN ANY AGREEMENT ANY OF THE UNDERSIGNED MAY ENTER INTO. EACH OF THE UNDERSIGNED HEREBY AGREES TO NOTIFY PROMPTLY OF ANY CHANGE IN ANY SUCH STATEMENT OR INFORMATION. SIGNER HAS READ AND UNDERSTANDS THE TERMS OF THIS APPLICATION, INCLUDING ANY ADDENDUM, AND REPRESENTS AND WARRANTS THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT. If applying for a loan, please note that the federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law is the Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580.

By: \_\_\_\_\_ Title: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(signature)

Owner #1: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(signature)

Owner #2: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(signature)

-----  
FOR PARTNER USE ONLY - FOR PARTNER USE ONLY - FOR PARTNER USE ONLY - FOR PARTNER USE ONLY

<input type="text"/> Provider/Merchant ID	<input type="text"/> Partner Name/ID	<input type="text"/> Partner Sales Person Name	<input type="text"/> Contact Number
--	---	---	--