

**Med Direct Capital LLC**Phone: (561) 337-2290  
Fax: (561) 303-2714

Application for: \_\_\_\_\_

Prepared by: \_\_\_\_\_

**Business Information**\_\_\_\_\_  
Legal Business Name\_\_\_\_\_  
DBA Name\_\_\_\_\_  
Street Address\_\_\_\_\_  
Business Phone\_\_\_\_\_  
City\_\_\_\_\_  
Business Fax\_\_\_\_\_  
State\_\_\_\_\_  
ZIP\_\_\_\_\_  
Email Address\_\_\_\_\_  
Own or Lease Facility\_\_\_\_\_  
Rent or Mortgage Payment\_\_\_\_\_  
Owned Business Since (Mth/Yr)\_\_\_\_\_  
Lease Start Date\_\_\_\_\_  
Lease Term\_\_\_\_\_  
Business Open Date (Mth/Yr)\_\_\_\_\_  
Days of Operation\_\_\_\_\_  
# of Employees\_\_\_\_\_  
# of Locations\_\_\_\_\_  
Type of Building(s)\_\_\_\_\_  
Landlord/Mortgage Company Name and Contact Information\_\_\_\_\_  
Briefly Describe Business\_\_\_\_\_  
NPI Number (if applicable)**Financial Information**\_\_\_\_\_  
Types of Electronic Payments Accepted (List All)\_\_\_\_\_  
Federal Tax ID Number (9 Digits)\_\_\_\_\_  
Average Monthly Sales Volume from Electronic Payments (CCs, Insurance, etc.)\_\_\_\_\_  
Is your business for sale?\_\_\_\_\_  
Estimated Total Monthly Sales\_\_\_\_\_  
Do you have Federal or State Tax Liens? If yes, explain.\_\_\_\_\_  
Requested Financing Amount\_\_\_\_\_  
Do you have any Outstanding Financing? If yes, list names and balances.\_\_\_\_\_  
Are you currently using a Billing Company? (List Name)\_\_\_\_\_  
Have you ever filed for Bankruptcy? If yes, include dates and explanation\_\_\_\_\_  
Intended Use of Proceeds**Principal Owner Information #1****Principal Owner Information #2**\_\_\_\_\_  
Principal Owner Name\_\_\_\_\_  
Social Security Number\_\_\_\_\_  
Principal Owner Name\_\_\_\_\_  
Social Security Number\_\_\_\_\_  
Date of Birth (mm/dd/yyyy)\_\_\_\_\_  
% Ownership\_\_\_\_\_  
Date of Birth (mm/dd/yyyy)\_\_\_\_\_  
% Ownership\_\_\_\_\_  
Home Address\_\_\_\_\_  
City\_\_\_\_\_  
Home Address\_\_\_\_\_  
City\_\_\_\_\_  
State\_\_\_\_\_  
ZIP\_\_\_\_\_  
Home Phone\_\_\_\_\_  
State\_\_\_\_\_  
ZIP\_\_\_\_\_  
Home Phone\_\_\_\_\_  
E-Mail Address\_\_\_\_\_  
Cell Phone\_\_\_\_\_  
E-Mail Address\_\_\_\_\_  
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\_\_\_\_\_  
Provider/Merchant ID\_\_\_\_\_  
Partner Name/ID\_\_\_\_\_  
Partner Sales Person Name\_\_\_\_\_  
Contact Number