Reps Name:

Reps Phone :

Fax #:

## BUSINESS INFORMATION

| | | | |
|---|---|---|---|
| Legal/Corporate Name: | | DBA: | |
| Physical Address: | | City: | State: | Zip: |
| Telephone #: | Fax #: | Federal Tax ID: | Fed/State Tax Liens?: Yes ☐ No ☐ |
| Date Business Started: | Length of Ownership: | Business Seasonal?: Yes ☐ No ☐ | Number of Locations: |
| Website | Email: | Business for sale?: Yes ☐ No ☐ | Currently in Bankruptcy?: |
| Type of Entity ( circle one): | Sole Proprietorship ☐ | Partnership ☐ | Corporation ☐ LLC ☐ Other ☐ |
| Type of Business: | | Product Service Sold: | |

## MERCHANT/OWNER INFORMATION

| | | | | |
|---|---|---|---|---|
| Corporate Officer/Owner Name: | | Title: | | Ownership %: |
| Home Address: | How long at home address?: | City: | State: | Zip: |
| SSN: | Date of Birth: | Home #: | Cell #: | |

## PARTNER INFORMATION (if merchant ownership is less than 50%)

| | | | |
|---|---|---|---|
| Partner Name: | Title: | Ownership %: | |
| Home Address: | City: | State: | Zip: |
| SSN: | Date of Birth: | Home #: | Cell #: |

## BUSINESS PROPERTY INFORMATION

| | |
|---|---|
| Business Landlord or Business Mortgage Bank: | Contact Name and/or Account #: |
| Phone #: | Time Remaining on Lease: |

## BUSINESS TRADE REFERENCES

(Please list at least 3 trade suppliers. Please attach any additional references on a separate page.)

| | | |
|---|---|---|
| Business Name: | Contact, Account # or Fax #: | Phone #: |
| Business Name: | Contact, Account # or Fax #: | Phone #: |
| Business Name: | Contact, Account # or Fax #: | Phone #: |
| Business Name: | Contact, Account # or Fax #: | Phone #: |

## OTHER INFORMATION

| | | |
|---|---|---|
| Gross Annual Sales | Credit Card Monthly Volume: | |
| Current Credit Card Processor/ Terminal Type | Time w/ current Processor: | |
| Requested Advance Amount: | Do you accept any of the following: ☐Visa/Mastercard ☐AMEX ( circle all that apply ) ☐Discover ☐Debit ☐EBT | |
| Prior/Current Cash Advance Company ( if applicable ): | Balance: | Underwriter Use Only Split Funds ☐ ACH ☐ |

Applicant authorizes Equity Advance Solutions Corp. its assigns, agents, banks or financial institutions to obtain an investigative or consumer report from a credit bureau or a credit agency and to investigate the references given on any other statement or data from applicant.

Applicant's Signature _____ Date _____

Applicant's Signature _____ Date _____