Reps Name:	
Reps Phone {	
Fax #:	



Fax #:										
		BUSINESS INF	ORMATION							
Legal/Corporate Name:			DBA:							
Physical Address:			City:		State: Zip:					
Telephone #:	Fax #:	I	Federal Tax ID:			ed/State ax Liens?:	Yes	No		
Date Business Started:	Le	ength of Ownership:	Business Seasonal?	: Yes	No	Number of	Location	ns:		
Website	Email:		Business for sale?: Yo	es 1	No Cui	rrently in Ba	nkruptcy	?:		
Type of Entity (circle one):	ole Proprietorsh	ip Partnership	Corporation	LLC	Other					
Type of Business:			Product Service Sold:							
		MERCHANT/OW	NER INFORMATIO	N						
Corporate Officer/Owner Name:		Title:	Ownership %:							
Home Address:	How lo	ng at home address?:	City:		State:	Zip:				
SSN:	Date of Bir	rth:	Home #:		Cell #:					
	PARTNER INF	ORMATION (if me	erchant ownership is	less th	an 50%)					
Partner Name:		Title:		Own	ership %:					
Home Address:		City:		State	:	Zip:				
SSN:	Date of Bir	th:	Home #:		Cell #:					
	В	USINESS PROPE	RTY INFORMATIO	N						
Business Landlord or Business Mo	rtgage Bank:		Contact Name and/or Account #:							
Phone #:			Γime Remaining on Lea	ise:						
(5)			ADE REFERENCES							
(Please lis Business Name:	t at least 3 trade	Contact, Account #	ach any additional refe # or Fax #:		on a sepa Phone #:	rate page.)				
		, in the second second	ontact, Account # or Fax #:			Phone #:				
Business Name: Contact, Ac					Phone #:					
Business Name: Contact, Acco				Phone #:						
		OTHER INF								
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 Advar report from a credit bureau or a cr								sumer		
Applicant's Signature			Date							
Applicant's Signature										