



Reps Name:

Reps Phone:

Fax #:

**BUSINESS INFORMATION**

|                               |                       |                     |                          |                           |
|-------------------------------|-----------------------|---------------------|--------------------------|---------------------------|
| Legal/Corporate Name:         |                       | DBA:                |                          |                           |
| Physical Address:             |                       | City:               | State:                   | Zip:                      |
| Telephone #:                  | Fax #:                | Federal Tax ID:     | Fed/State<br>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<br>( circle all that apply ) Discover Debit EBT |   |
| Prior/Current Cash Advance Company ( if applicable ): | Balance:   | Underwriter Use Only<br>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