



3 Minute Merchant Application
Fax to 888.854.8808

Merchant Information

| | | | |
|---------------------|----------------------------------|--|--|
| Legal Business Name | DBA Name | Estimated Total Monthly Sales | Time Remaining on Site Lease/Mort. |
| Street Address | Type of Business | Business Open Date (Mth/Yr) | Landlord/Agent Name |
| City | Federal Tax ID Number (9 Digits) | Owned Business Since (Mth/Yr) | Landlord/Agent Phone |
| State Zip | Intended Use of Cash Advance | Number of Locations | Name of bank (Business) |
| Business Phone | Requested Amount | yes <input type="checkbox"/> no <input type="checkbox"/> | yes <input type="checkbox"/> no <input type="checkbox"/> |
| Business Fax | Email | Is your business for sale? | Have you had a previous cash advance? |
| | | yes <input type="checkbox"/> no <input type="checkbox"/> | yes <input type="checkbox"/> no <input type="checkbox"/> |
| | | Have you ever filed for bankruptcy? | Any federal or state tax liens? |
| | | | |

Principal Owner Information

| | |
|----------------------|---------------------------------|
| Principal Owner Name | Social Security Number |
| Home Street Address | Date of Birth (00/00/0000) |
| City | % Ownership? |
| State Zip | How long at home address? |
| Home Phone | How long at previous address? |
| Mobile Phone | Estimated Current Annual Income |
| | Name of Bank (Personal) |

Principal Owner Information

| | |
|----------------------|---------------------------------|
| Principal Owner Name | Social Security Number |
| Home Street Address | Date of Birth (00/00/0000) |
| City | % Ownership? |
| State Zip | How long at home address? |
| Home Phone | How long at previous address? |
| Mobile Phone | Estimated Current Annual Income |
| | Name of Bank (Personal) |

Credit Card Processor Information

| | |
|-------------------------|----------------------------------|
| Current Processor | Number of Terminals at Location |
| Merchant Account Number | Time with Current Processor |
| Terminal Type | Average Monthly Volume – Visa/MC |

Please fax the following along with your application:
Last Four Months of Visa/
MasterCard Statements

▼ FOR PARTNER USE ONLY ▼ FOR PARTNER USE ONLY ▼ FOR PARTNER USE ONLY ▼

| | |
|---------------------------|-----------------|
| Merchant ID | Partner Name/ID |
| Partner Sales Person Name | Partner Phone |