



MERCHANT ADVANCE APPLICATION CHECKLIST

Sales Agent Name / Office #: _____

REQUIRED DOCUMENTATION	
<input type="checkbox"/>	Commercial Lease Agreement (please supply a copy to include terms and signature)
<input type="checkbox"/>	Credit Card Processing Statements - most recent four months (please supply a copy to include deposit history)
<input type="checkbox"/>	Business Checking Account - most recent 3 months (please supply a copy to include deposit history)
<input type="checkbox"/>	Business License- (please supply a copy of related business license)
<input type="checkbox"/>	Driver's License (please supply a copy of each signers driver license)
<input type="checkbox"/>	Proof Of Ownership Document <ol style="list-style-type: none">1. If business is a general partnership, please supply a copy of the signed partnership agreement, to confirm who the partners are.2. If the legal entity is a corporation, please supply a copy of the merchant's certificate/articles of incorporation, stamped by the secretary of the state from the state of incorporation.3. If the legal entity is an LLC, LP or LLP, please supply a copy of the merchant's certificate/articles of organization, stamped by the secretary of the state from the state of organization.



BUSINESS INFORMATION

Business DBA Name:			Business LEGAL Name:		
Business Location Address:			Business Mailing/Billing Address:		
City, State, Zip:			City, State, Zip:		
Main Contact: (First Name) (M.I.) (Last Name)		Email Address:		Website (if applicable):	
Phone Number (local / landline):	Toll free Phone Number (if applicable):		FAX Number:	Mobile / Cell Phone (if applicable):	
Number of Locations:	Years in Business: ____ Year(s) ____ Month(s)	Current Ownership Length: ____ Year(s) ____ Month(s)	Federal Tax ID# (Required for Partnerships and Corporations): (9 digits)		
Type of Ownership:	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Government <input type="checkbox"/> Limited Liability (LLC) <input type="checkbox"/> Tax Exempt Org. <input type="checkbox"/> Medical Corp. <input type="checkbox"/> Assoc./Estate/Trust <input type="checkbox"/> International Org. <input type="checkbox"/> Other: _____				If corporation, the state of incorporation?
Type of Business:	<input type="checkbox"/> Retail Storefront <input type="checkbox"/> Restaurant <input type="checkbox"/> Hotel / Lodging <input type="checkbox"/> Mail / Telephone Order <input type="checkbox"/> Internet <input type="checkbox"/> Service <input type="checkbox"/> Wireless Terminal <input type="checkbox"/> Trade Show <input type="checkbox"/> Kiosk <input type="checkbox"/> Other: _____				Type of Goods and/or Services Sold:

OWNERSHIP INFORMATION

Owner #1/Partner/Officer #1: (First Name) (M.I.) (Last Name)		Title in Business:	
Ownership Percentage: _____ %	Date of Birth:	Social Security #:	Phone Number:
Home Address:	<input type="checkbox"/> Own <input type="checkbox"/> Rent	City, State, Zip:	
Owner #2/Partner/Officer #2: (First Name) (M.I.) (Last Name)		Title in Business:	
Ownership Percentage: _____ %	Date of Birth:	Social Security #:	Phone Number:
Home Address:	<input type="checkbox"/> Own <input type="checkbox"/> Rent	City, State, Zip:	

FUNDING INFORMATION

Average Monthly Visa/MasterCard Sales:	Average Monthly Total Sales:	
Average Ticket Size:	Desired Advance Amount:	Minimum Advance Amount:
Landlord / Mortgage Company:	Rent / Mortgage Payment:	Lease Expiration:
Landlord Contact Name:	Landlord Contact Phone:	Landlord Contact Fax:

Are you a seasonal business? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: High Months: Month: _____ Vol. \$ _____ Month: _____ Vol. \$ _____ Month: _____ Vol. \$ _____ Low Months: Month: _____ Vol. \$ _____ Month: _____ Vol. \$ _____ Month: _____ Vol. \$ _____	Do you have an OPEN cash advance or dining program? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Company _____, Phone _____ Used a cash advance program before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Company _____, Phone _____ Are any State Tax Liens / Federal Tax Liens pending against owner? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, details: _____ Have you or the business ever declared bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Discharge Date _____, State _____, Chapter _____ Are any suits/judgments/liens pending against the company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, details: _____	
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SIGNATURE: _____ **DATE:** _____

SIGNATURE: _____ **DATE:** _____