

Application

PHONE: (845) 293-3495

- If you are applying for individual credit in your name and are relying on your own income or assets and not the income of assets of another person as the basis for repayment complete Owner Information (1) and omit Owner Information (2).
- If this is an application for joint credit with another person, complete Owner Information (1) and (2).

Date:
Partner ID: DEIRDRE PORTER
Intended Use of Funds:

Company Information

Legal Company Name:	Legal Entity: <input type="radio"/> Corporation <input type="radio"/> LLC <input type="radio"/> General Partnership <input type="radio"/> LLP <input type="radio"/> Other	Outstanding Merchant Cash Advance? <input type="radio"/> Yes - it's \$_____
State of Incorporation:		<input type="radio"/> No
Tax ID:	Company Type / Industry:	
Physical Address:	Annual Business Revenue:	
City/State: Zip Code:	Monthly Credit Card Volume:	
Company Phone:	Average Bank Balance:	
Business Inception Date:		

Owner Information (1)

Full Legal Name:
Years as Owner:
Home Address (no PO boxes):
Doing Business As (DBA):
Rent or Own Business Location:
City/State:
Zip Code:
Home Phone:
Cell Phone:
% Ownership:
Social Security No:
Date of Birth:
E-mail Address:
Driver's License #:
State of Issue:
Years at Current Address:
Annual Income:
Business Landlord Name:
Business Landlord Phone:

Owner Information (2)

Full Legal Name:
Years as Owner:
Home Address (no PO boxes):
Doing Business As (DBA):
Rent or Own Business Location:
City/State:
Zip Code:
Home Phone:
Cell Phone:
% Ownership:
Social Security No:
Date of Birth:
E-mail Address:
Driver's License #:
State of Issue:
Years at Current Address:
Annual Income:
Business Landlord Name:
Business Landlord Phone:

By signing & faxing or emailing us your application, you certify that (i) you are authorized to apply on behalf of the company whose full legal name appears above under the Company Information portion of the Financing Application for a business loan from us and (ii) all information you provide within the Loan Application and other supporting documents is true and complete and that you will notify us of material changes to such information. You understand & agree that we and our agents and assignees are authorized to contact 3rd parties to make inquiries in evaluating your Financing Application (including requesting business & personal credit bureau reports from credit reporting agencies and other sources) or for any update, renewal, extension of credit bureau name and address. You understand and agree that we may provide credit & other information from the Financing Application and on the signing individual(s) & the company with 3rd parties who may use the information any lawful purpose, including for the purpose of offering credit and/or other products & services to the signing individual(s) and/or the company.

Loan Information

Loan Amount Requested:

Signature (1):

Signature (2):

AUTHORIZATION FORM

The Merchant and Owner(s)/Officer(s) identified above (individually, an "Applicant") each represents, acknowledges and agrees that (1) all information and documents provided to Representative including credit card processor statements are true, accurate and complete, (2) Applicant will immediately notify Representative of any change in such information or financial condition, (3) Applicant authorizes Representative to disclose all information and documents that Representative may obtain including credit reports to other persons or entities (collectively, "Assignees") that may be involved with or acquire commercial loans having daily repayment features or purchases of future receivables including Merchant Cash Advance transactions, including without limitation the application therefor (collectively, "Transactions"), and each Assignee is authorized to use such information and documents, and share such information and documents with other Assignees, in connection with potential Transactions, (4) Representative and each Assignee will rely upon the accuracy and completeness of such information and documents, (5) Representative, Assignees, and each of their representatives, successors, assigns and designees (collectively, "Recipients") are authorized to request and receive any investigative reports, credit reports, statements from creditors or financial institutions, verification of information, or any other information that a Recipient deems necessary, (6) Applicant waives and releases any claims against Recipients and any information-providers arising from any act or omission relating to the requesting, receiving or release of information, and (7) each Owner/Officer represents that he or she is authorized to sign this form on behalf of Merchant. A copy of this authorization may be accepted as an original. A copy of this authorization may be accepted as an original. The term "Representative" shall mean any funding source looking to offer, make available, or provide to the Merchant access to loans or merchant cash advances based on such Merchant's future receivables or sales and/or structured with a periodic repayment feature.

Owner/Officer(s):

<input checked="" type="checkbox"/> _____ (Signature)	<input type="checkbox"/> _____ (Print Name)	<input type="checkbox"/> _____ (Date)
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<input checked="" type="checkbox"/> _____ (Signature)	<input type="checkbox"/> _____ (Print Name)	<input type="checkbox"/> _____ (Date)
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