

Sales ID:



MERCHANT FUNDING APPLICATION

Please fill out the form in its entirety and return sent by email or fax.

By doing so, you are giving Merchant Lending Consultants and its affiliates permission to review your business and personal credit history.

Business Information									
Legal Business Name ("Merchant"):					Business DBA Name:				
Address:					City, State Zip:				
Phone:					Fax:				
Website:					Email:				
Entity: Sole Prop INC LLC Partner Other State					Federal Tax ID #:				
Industry Type (NAICS or description):					Business Start Date (current ownership):				
Business Location: Home Commercial Location					Business Description:				
Financial Information									
Existing Funding Company? Yes No Balance? \$					Funding Amount Requested:				
Funding Company Name:					Use of Funds:				
Gross Annual Sales (Previous year's Tax return):					Average Monthly Deposits: \$				
Average Monthly Credit Card Volume: \$					Average Monthly AMEX Sales: \$				
Visa/MasterCard Volumes from previous 4 months:	Last Month:		2 Months Ago:		3 Months Ago:		4 Months Ago:		
	#: \$	#Tickets:	#: \$	#Tickets:	#: \$	#Tickets:	#: \$	#Tickets:	
Owner/Principal Information									
Owner 1 (Primary Credit Pull):					Owner 2:				
Address:					Address:				
City, State Zip:					City, State Zip:				
Home Phone:					Home Phone:				
Mobile:					Mobile:				
Email:					Email:				
% of Ownership:					% of Ownership:				
Date of Birth:					Date of Birth:				
SSN#:					SSN#:				
Property Information									
Property: Own Rent					If owned, by who?				
Landlord Name (if renting):					Landlord Contact Number (if renting):				
Landlord Fax (if renting):					Landlord Email (if renting):				
Business/Trade References									
Company 1:			Contact:			Phone:			
Company 2:			Contact:			Phone:			

By signing below, each of the above listed business and business owner/officer (individually and collectively, "you") authorize Merchant Advisory Group, Inc. and each of its representatives, successors, assigns and designees ("Recipients") 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") to obtain consumer or personal, business and investigative reports and other information about you, including credit card processor statements and bank statements, from one or more consumer reporting agencies, such as TransUnion, Experian and Equifax, and from other credit bureaus, banks, creditors and other third parties. You also authorize Merchant Advisory Group, Inc. to transmit this application form, along with any of the foregoing information obtained in connection with this application, to any or all of the Recipients for the foregoing purposes. You also consent to the release, by any creditor or financial institution, of any information relating to any of you, to Merchant Advisory Group, Inc. and to each of the Recipients, on its own behalf.

Owner 1 Signature:

Date: _____

Owner 2 Signature:

Date: _____