

BUSINESS INFORMATION

Legal Name:				DBA:						
Federal Tax ID: SI		tate of Incorp:	Start Date	e:	Business Entity Type:		Industry Type		:	
Physical Street Address:		City:			State:		Zip Code:			
		O	WNER IN	FORMA1	TION					
First Name:	Last Name:	SSN#:					Date of Birth:			
Physical Street Address:		City:			State:		Zip Code:			
Merchant Email:	Cell Phone:	Fax:					Ownership %:			
First Name:	Last Name:	SSN#:					Date of Birth:			
Physical Street Address:		City:			State:		Zip Code:			
Merchant Email:	Cell Phone:		Fax:				Ownership %:			
		· FII	NANCIAL	INFORM	ATION			,	:	
Lender:	Amount:			Balance:				Payment:		
Lender:	Amount:			Balance:				Payment:		
Lender:	Amount:			Balance:				Payment:		
	<u> </u>		AUTHO	RIZATIO	NS					
By signing below, each of the above listed bus representatives, successors, assignees and dereceivables including merchant cash advance and investigative reports and other information TransUnion, Experian, Equifax and from other foregoing information obtained in connection winstitution, of any information relating to any of	esignees ("r transactions about you, credit burea vith this app	ecipients") that may be s, including without lim including credit card p aus, banks and credito lication, to any or all o	e involved with nitations the approcessor state ors and other to of the recipient	h or acquire oplication the tements and third parties ts for the for	e commercia perefor (colle d bank state d You also al going purpo	l loans having d ctively, "transac ments, from one uthorize CV to ti	aily reptions") or morans	payment featu to obtain cons ore consumer i t this applicati	res or purchases of future sumer or personal, business reporting agencies, such as ion form, along with any of the	
OWNER/OFFICER (SIGNATURE) _				OWI	NER/OFF	ICER (SIGN	ATU	RE)		
OWNER/OFFICER (PRINT)				OWNER/OFFICER (PRINT)						
DATE				DATE						