

Business Funding Application

Please fill in ALL fields below. By doing so, you are giving Small Business Funding, as well as its agents and affiliates, permission to review your business and personal history in order to provide you with formal approval.

Business Information

Business Legal Name: _____	Business DBA Name: _____
Physical Address: _____	Suite/Floor: _____
City: _____	State: _____ Zip: _____
Work Phone: _____	Cell Phone: _____
Fax Phone: _____	Website: _____
Email: _____	Federal State Tax#: _____
Business Start Date: _____	Entity: <input type="checkbox"/> Corp <input type="checkbox"/> Sole Prop <input type="checkbox"/> LLC <input type="checkbox"/> Partnership
Type: <input type="checkbox"/> Retail <input type="checkbox"/> Restaurant <input type="checkbox"/> Service <input type="checkbox"/> Internet	Location: <input type="checkbox"/> Store Front <input type="checkbox"/> Office <input type="checkbox"/> Home <input type="checkbox"/> Other
Landlord Name & Phone: _____	Rent/Mortgage Amount: _____
Products/Service Sold: _____	Reason For Funding: _____

Financial Information

Avg. Gross Monthly Sales: _____	Avg. Monthly Credit Card Sales: _____
How Much Do You Need To Borrow: _____	Do You Have An Open Bankruptcy: <input type="checkbox"/> Yes <input type="checkbox"/> No
Do You Have An Open Tax Lien: <input type="checkbox"/> Yes <input type="checkbox"/> No	Are You On A Payment Plan: <input type="checkbox"/> Yes <input type="checkbox"/> No
Have You Used A Cash Advance Before: <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Who: _____ How Much: _____
When Was It Taken Out? _____	Current Balance: _____

Owner/Principal Information

Owner Name: _____	Co-Owner Name: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Phone: _____	Phone: _____
Email: _____	Email: _____
% Ownership: _____	% Ownership: _____
Date Of Birth: _____	Date Of Birth: _____
SSN#: _____ Driver #: _____	SSN#: _____ Driver #: _____

By signing below the Merchant and its owners/principals: (1) certify that all information and documents submitted in connection with this Application is true, correct and complete; and (2) authorize Small Business Funding, partners, and lenders to receive credit reports and any other information regarding the Merchant and its owners and principals from third parties, to verify any information provided on the Application.

Owner: _____ **Co-Owner:** _____

Date: _____ **Date:** _____