

Please include the following documents with your application:
 1) 4 most recent bank statements
 2) 4 most recent credit card merchant statements
 3) Applicants drivers license (or other form of id)
 4) Business License (articles of incorporation or similar)

CASH ADVANCE APPLICATION

Phone Number: 201-645-1226

BUSINESS INFORMATION

Legal/Corporate Name		DBA	
Physical Address		City	State Zip Code
Mailing Address (if different from physical address)		City	State Zip Code
Telephone Number	Fax Number	Email Address	
State of Incorporation	Federal Tax ID	Date Business Started	Hours of Operation
Type of Entity (Select One) <input type="checkbox"/> Corporation <input type="checkbox"/> Limited liability company <input type="checkbox"/> Partnership <input type="checkbox"/> Limited partnership <input type="checkbox"/> Limited liability partnership <input type="checkbox"/> Sole proprietor			
Type of Business (Select One) <input type="checkbox"/> Retail <input type="checkbox"/> Wholesale <input type="checkbox"/> Business Services <input type="checkbox"/> Consumer Services <input type="checkbox"/> Restaurant/Bar <input type="checkbox"/> Other			
Product/Service Sold		Website Address	

MERCHANT/OWNER INFORMATION

Corporate Officer/Owner Name		Title	Length of Ownership	
Home Address		City	State Zip Code	Ownership %
Date of Birth	Social Security Number	Home Phone Number	Cell Phone Number	

BUSINESS PROPERTY INFORMATION

Own/Lease	Time at This Location Years Months	Monthly Rent or Mortgage \$	Date Lease Ends(MM/DD/YYYY)
Business Landlord or Mortgage Bank	Contact Name and/or Account No.		Office Number

OTHER INFORMATION

Current Processing Company	No. of terminals	Average Monthly Credit Card Sales \$	Average Monthly Total Sales (Cash, Check & Credit) \$
Requested Advance Amount \$	Requested Daily Withholding (% of credit card receipts)	Highest Volume Months (please check months, or N/A if no seasonality) Jan Feb Mar Apr May June July Aug Sep Oct Nov Dec N/A <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	
Prior/Current Cash Advance Company (if applicable)	Current Balance \$ (if applicable)	Do you usually close the business during part of the year? <input type="checkbox"/> Yes <input type="checkbox"/> No Details:	
Any open State/Federal Tax Liens Against Business or Owner? <input type="checkbox"/> Yes <input type="checkbox"/> No Details:		Any Lawsuits or Judgments Pending against Business or Owner? <input type="checkbox"/> Yes <input type="checkbox"/> No Details:	

Applicant authorizes capital finance team, LLC its assigns, agents, bank or financial institutions to obtain an investigative or consumer report from a credit bureau or a credit agency and to investigate the references given on any other statement or data obtained from applicant.

Applicant's Signature

Date

Co-Signature
 (if more than one owner)

Date