



Agent Name:	Agent ID:	
Merchant ID:	Amount Requested:	Use of Funds:

Business Information

Ownership Structure (LLC, Corp, etc.):	Tax ID:		
Legal Business Name:	DBA:		
Business Physical Address:	City:	State:	Zip Code:
Mailing Address (If Different):	City:	State:	Zip Code:
Business Phone:	Business Fax:	Email Address:	
Business Start Date:	Seasonal Business?	Peak Months:	
Business Profile/Products or Services Sold:			
Existing Cash Advance:	Current Balance:	Name of Company:	
Any Personal or Corporate Bankruptcies?	How long since Bankruptcy was discharged:		
Any Foreclosures in the past 24 months?	How many months since Foreclosure:		
Any City/State/Federal Tax Liens?	If yes, how much is owed:		
Current Processing Company:	Avg. Monthly Credit Card Sales:		

Banking Information:

Bank Name:	Amount of Deposits for Last Three Months:
Bank Account No.:	Bank Routing No.:

Property Information:

Own/Lease:	Monthly Rent/Mortgage:	Are you current?	If no, number of months delinquent?
Amount Past Due:	Lease Expiration Date:		
Landlord Name:	Landlord Phone No.:		

Ownership Information:

Principal Name (1):	Social Security No.:		
Residence Address:	City:	State:	Zip Code:
Home Phone:	Mobile Phone:	DOB:	
Percentage of Business Owned:	Driver's License No.:		
Principal Name (2):	Social Security No.:		
Residence Address:	City:	State:	Zip Code:
Home Phone:	Mobile Phone:	DOB:	
Percentage of Business Owned:	Driver's License No.:		

CAPITAL FOR MERCHANTS (CFM) AUTHORIZATION / TERMS AND CONDITIONS:

By signing the Receivables Purchase Agreement (RPA) the merchant(s) is duly authorized to sign on behalf of the business and bind the merchant(s) to the terms and conditions set forth in this Application (App). The merchant(s) certifies that all information provided in the App is true, correct, and complete. By signing the App, the merchant(s) authorizes CFM to make whatever inquires it deems appropriate to investigate, verify, or research statements or data obtained from the merchant(s) for the purpose of this App. The merchant(s) will immediately notify CFM of any change in such information or financial condition. The merchant(s) authorizes CFM to disclose all information and documents that CFM may obtain including credit reports to other persons or entities that may be involved with or acquire an interest in the purchase of future receivables as contemplated in the RPA.

Merchant 1 Signature:	Title:	Date:
Merchant 2 Signature:	Title:	Date: