

Merchant Pre-Qualification Form

Business Legal Name: _____		Business DBA Name: _____			
Type of Business Entity (Check One): <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Ltd. Partnership <input type="checkbox"/> LLP <input type="checkbox"/> Sole Proprietor		Primary Business Structure: (Check All That Apply): <input type="checkbox"/> Home-Based Business <input type="checkbox"/> Franchise <input type="checkbox"/> E-Commerce <input type="checkbox"/> None of the Above		Does the Merchant have any open MCA or loan accounts? (Check one): <input type="checkbox"/> Yes <input type="checkbox"/> No	Federal Tax ID: _____
Industry Type: (Describe) _____	Current Credit Card Processor: _____	State of Incorporation: _____	Use of Proceeds: _____	Business start date under current Ownership: _____	Merchant Email Address: _____
Physical Street Address: _____			City: _____	State: _____	Zip Code: _____
Physical Location Phone #: _____					
Billing Street Address (if different than above): _____			City: _____	State: _____	Zip Code: _____
Billing Location Phone #: _____					
Preferred Contact Phone #: _____	Business Location(s): <input type="checkbox"/> Rented <input type="checkbox"/> Mortgaged Monthly Payment: _____	Avg. Monthly Credit Card Volume: _____	Avg. Transaction Amount: _____	Gross Annual Sales (from previous year's Tax return): _____	
List the Total Business Bank Deposits and # of Days with a Negative Balance	Last Month: -Total Bus. Bank Deposits: \$ _____ # of Days with a Negative: _____ Balance: _____	Two Months Ago: Total Bus. Bank Deposits: \$ _____ # of Days with a Negative: _____ Balance: _____	Three Months Ago: Total Bus. Bank Deposits: \$ _____ # of Days with a Negative: _____ Balance: _____	Four Months Ago: Total Bus. Bank Deposits: \$ _____ # of Days with a Negative: _____ Balance: _____	
List the Total VISA/MasterCard volumes:	Last Month: \$ _____ # Tickets: _____	Two Months Ago: \$ _____ # Tickets: _____	Three Months Ago: \$ _____ # Tickets: _____	Four Months Ago: \$ _____ # Tickets: _____	
Owner/Officer		Primary Contact <input type="checkbox"/>		Job Title: _____	
First Name: _____	Last Name: _____	SS#: _____	Date of Birth: _____	Home Phone: _____	
Street Address: _____			City: _____	State: _____	Zip Code: _____

AUTHORIZATIONS

By signing below, each of the above listed business and business owner/officer (individually and collectively, "you") authorize [All Star Advance, LLC] ("ASA") 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 ASA 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 ASA and to each of the Recipients, on its own behalf.

Owner / Officer's Signature: X _____
Owner / Officer's Name: (Print) _____ **Date:** _____

Merchant Cell Phone#: _____ Merchant Fax#: _____ Merchant Web Address: _____
 Landlord Name: _____ Landlord Contact#: _____
 Is Your Business Seasonal? Yes No If yes, what are the peak months? _____ Any Judgements/Liens Yes No
 Any Open Bankruptcies? Yes No Second owner name and % of ownership: _____ / _____ %
 Business Trade Reference #1: _____ Phone #: _____
 Business Trade Reference #2: _____ Phone #: _____
 Business Trade Reference #3: _____ Phone #: _____