



CASTOR
Financial Group LLC.

AGENT: Online Submission
PHONE: (212) 461-1955
FAX: (212) 409-8481
EMAIL: Admin@castorfinancialgroup.com
WEB: www.CastorFinancialGroup.com

BUSINESS INFORMATION

Business DBA:	Business Legal Name:
Federal Tax ID:	Business Start Date:
Business Address:	State: Zip Code:
City:	Business Phone:
Email Address:	Cell Phone:
Website:	Fax #:
Business Type:	<input type="checkbox"/> Corp <input type="checkbox"/> LLC <input type="checkbox"/> Sole Prop
Product/Service Sold:	Seasonal Business: YES/NO
Peak Sales Months:	Franchise: YES/NO
Monthly Average VISA/MASTER Card Sales:	Monthly Average Sales:
Landlord Contact:	Property: LEASE/OWN
Phone: Rent:	Term of Lease:
Desired Service:	\$ @o V :
@O 7 7 = U @V ?	Current Funder: Date of Advance:
Funded Amount: \$	Payback: \$ Balance: \$ Daily HB%:

OWNER/OFFICER INFORMATION

Name:	Name:
Address:	Address:
City, State Zip:	City, State Zip:
Phone:	Phone:
% of Ownership:	% of Ownership:
Date of Birth:	Date of Birth:
SS#:	SS#:
Driver's License #:	Driver's License #:

BUSINESS REFERENCES

Trade Reference 1 Name:	Phone:
Trade Reference 2 Name:	Phone:
Trade Reference 3 Name:	Phone:

By signing below I/We certify the information above is true and understand that making false statements might be considered fraud.

Applicant named above hereby authorizes # 7 8 00#, its affiliates, assigns, agents, banks or financial institution to obtain an investigatable report submitted by applicant for purpose of obtaining service.

Owner #1 Signature:	Title:	Date:
Owner #1 Signature:	Title:	Date: