

# Bankers Capital Funding Application

Fax: (800) 643-7582

**BUSINESS INFORMATION** LEGAL/CORPORATION NAME:

DBA:

Physical address: City: State: ZIP:

Rent Monthly payment or rent: How long?

Business Telephone: Fax#: # of Locations:

Federal Tax ID: Date Started Business:

Contact Person: Website:

**OWNERSHIP INFORMATION** NAME OF OWNER: TITLE:

Home Address: Email Address:

Home Phone: Cell Phone: Fax:

City: State: ZIP:

Date of Birth: SSN#: Rent/Own: How Long: % of Ownership:

Driver License # /State Issued:

Name of 2<sup>nd</sup> Owner: Title:

Home Address: Email Address:

Home Phone: Cell Phone: Fax:

City: State: ZIP:

Date of Birth: SSN#: Rent/Own: How Long: % Ownership:

Driver License # /State Issued:

**BANKING INFORMATION** NAME OF BANK:

Address: Contact: Phone:

**LANDLORD** LANDLORD NAME: CONTACT:

Phone: Cell Phone: Fax:

**TRADE REFERENCES**

Business Name: Contact: Phone:

Business Name: Contact: Phone:

Business Name: Contact: Phone:

**BUSINESS PROFILE**

OWNERSHIP:	MERCHANT TYPE:	CARDS ACCEPTED:	CREDIT CARD PROCESSING:	MONTHLY SALES AMOUNT:	Do you have any:	YES	NO
<input type="checkbox"/> SOLE PROPRIETORSHIP	<input type="checkbox"/> RETAIL	<input type="checkbox"/> VISA	CARD SWIPE _____%	CREDIT CARD SALES	Open judgments?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> MASTERCARD	MANUEL KEY _____%	\$ _____	Bankruptcy?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> LODGING	<input type="checkbox"/> AMEX	TELEPHONE _____%	TOTAL MONTHLY SALES	Tax liens?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> LLC	<input type="checkbox"/> SERVICES	<input type="checkbox"/> DISCOVER	MAIL ORDER _____%	\$ _____	Seasonal business?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> LLP	<input type="checkbox"/> INTERNET	<input type="checkbox"/> DEBIT	INTERNET _____%	AMOUNT REQUESTED OR ENTER MAX	Current cash advance?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> PC/PA	<input type="checkbox"/> HOME BASED	<input type="checkbox"/> EBT	TOTAL 100%	\$ _____			
<input type="checkbox"/> NOT FOR PROFIT	<input type="checkbox"/> AUTOMOTIVE						
	<input type="checkbox"/> OTHER						

Applicant(s) authorizes Bankers Capital Funding, its assigns, agents, banks 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, by signing below, represents that all the information is complete and accurate. The Merchant and Owner(s)/Officer(s) identified above (individually, an "Applicant") each represents, acknowledges and agrees that (1) all information and documents provided to Representative including credit card processor statements are true, accurate and complete. (2) Applicant will immediately notify Representative of any change in such information or financial condition. (3) Applicant authorizes Representative to disclose all information and documents that Representative may obtain including credit reports to other persons or entities (collectively, "Assignees") that may be involved with or acquire commercial loans having daily repayment features or purchases of receivables including Merchant Cash Advance transactions, including without limitation the application therefore (collectively, "Transactions"), and each Assignee is authorized to use such information and document and share information and documents with other Assignees in connection with potential Transactions. (4) Representative and each Assignee will rely upon the accuracy and completeness of such information and documents. (5) Representative, Assignees, and each of their representatives, successors, assigns and designees (collectively, "Recipients") are authorized to request and receive any investigative reports, statements from creditors or financial institutions, verification of information, or any other information that a Recipient deems necessary. (6) Applicant waives and releases any claims against Recipients and any information-providers arising from any act or omission relating to the requesting, receiving or release of information and (7) each Owner/Officer represents that he or she is authorized to sign this form on behalf of Merchant. A copy of this authorization may be accepted as an original. The term "Representative" shall mean any funding source looking to offer, make available, or provide to the Merchant access to loans or merchant cash advances based on such Merchant future receivables or sales and/or structured with a periodic repayment feature.

Signature of applicant Date

Signature of co-applicant, if for joint account Date