

Merchant Cash Advance Application

| Business Information | | | |
|--|---------------------------------|---|--------------------------------|
| Legal/ Corporate Name | | DBA – doing business as | |
| PHYSICAL BUSINESS ADDRESS | | City, State, Zip | |
| Main Business Phone# | Fax# | Email | |
| EIN | Length in business/ start date: | Website: | |
| Entity type: LLC, General Partnership, C Corporation, S Corporation, Limited Liability Partnership LP, etc.: | | State of Inc.: | Number of locations: |
| Business type: Manufacturing, Distribution, Wholesale, Retail, Restaurant, Supermarket, Construction, Medical Professional, Online Business, etc.: | | Product or Service Sold: | |
| Merchant/ Owner Information | | | |
| Owner/ Corporate Officer Name and Title | | Personal Credit Score: | % Ownership: |
| HOME Address | | City, State, Zip | |
| SSN# | Date of Birth | Cell Phone# | Business Phone# with extension |
| Partners Information | | | |
| Partner Name and Title | | Personal Credit Score: | % Ownership: |
| HOME Address | | City, State, Zip | |
| SSN# | Date of Birth | Cell Phone# | Business Phone# with extension |
| Business Trade References | | | |
| Business Name | Contact Person & Title | Phone | |
| Business Name | Contact Person & Title | Phone | |
| Business Name | Contact Person & Title | Phone | |
| Business Property Information | | | |
| Landlord/ Bank Contact: | | Do you Lease or Own: (OR BRIEFLY EXPLAIN) | Phone# |
| Additional Information | | | |
| Current Credit Card Processing Company & Business Bank: | | Monthly Revenue: \$ | |
| Requested withhold process: ACH or Split: | | Requested daily/ weekly withhold: \$ | |
| Outstanding Merchant Cash Advance balances combined (if applicable): | | Amount requesting: | |
| Any bankruptcies? Owner: Yes or No: | Partner: Yes or No: | Is your business for sale? Yes or No: | |
| Are you a U.S. Citizen/ Permanent Resident Alien? Owner: Yes or No: | | | Partner: Yes or No: |
| Any Federal or State Tax liens or judgments? Owner: Yes or No: | | | Partner: Yes or No: |
| <p>Authorization: The Owner(s)/ Officer(s)/ Partner(s) (individually, an "Applicant") identified on this application, each represents, acknowledges, and agrees that (1) all information and documents provided to Your Capital Funding, including but not limited to credit card processor statements, bank statements, ID, IRS documentation, etc., are true, accurate, and complete (2) Applicant will immediately notify Your Capital Funding of any change in such information and any change in financial condition (3) Applicant authorizes Your Capital Funding to disclose all information and documents that Your Capital Funding may obtain, including credit reports to other persons or entities (collectively, "Assignees") that may be involved with or acquire commercial funds having daily repayment features or purchase of future receivables with a Merchant Cash Advance, including without limitation the application therefor (collectively, "Transactions") and each Assignee is authorized to use such information and documents, and share such information and documents with other Assignees, in connection with potential Transactions. (4) each Assignee will rely upon the accuracy and completion of such information and documents, (5) Your Capital Funding, Assignees, and each of their representatives, successors, assigns, and designees (collectively, "Recipients") are authorized to request and receive investigative reports, credit reports, statements from creditors, and financial institutions, also, 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/ Partner represents that he or she is authorized to sign this application on behalf of Merchant.</p> | | | |
| Signature of Corporate Officer/ Owner | | Signature of Partner | |
| Print Name | Date | Print Name | Date |