

3 Minute Merchant Application
Fax to 888.854.8808

Merchant Information

Legal Business Name	DBA Name	Estimated Total Monthly Sales	Time Remaining on Site Lease/Mort.
Street Address	Type of Business	Business Open Date (Mth/Yr)	Landlord/Agent Name
City	Federal Tax ID Number (9 Digits)	Owned Business Since (Mth/Yr)	Landlord/Agent Phone
State Zip	Intended Use of Cash Advance	Number of Locations	Name of bank (Business)
Business Phone	Requested Amount	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>
Business Fax	Email	Is your business for sale?	Have you had a previous cash advance?
		yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>
		Have you ever filed for bankruptcy?	Any federal or state tax liens?

Principal Owner Information

Principal Owner Name	Social Security Number
Home Street Address	Date of Birth (00/00/0000)
City	% Ownership?
State Zip	How long at home address?
Home Phone	How long at previous address?
Mobile Phone	Estimated Current Annual Income
	Name of Bank (Personal)

Principal Owner Information

Principal Owner Name	Social Security Number
Home Street Address	Date of Birth (00/00/0000)
City	% Ownership?
State Zip	How long at home address?
Home Phone	How long at previous address?
Mobile Phone	Estimated Current Annual Income
	Name of Bank (Personal)

Credit Card Processor Information

Current Processor	Number of Terminals at Location
Merchant Account Number	Time with Current Processor
Terminal Type	Average Monthly Volume – Visa/MC

Please fax the following along with your application:
Last Four Months of Visa/
MasterCard Statements

▼ FOR PARTNER USE ONLY ▼ FOR PARTNER USE ONLY ▼ FOR PARTNER USE ONLY ▼

Merchant ID	Partner Name/ID
Partner Sales Person Name	Partner Phone