



Please send completed application to:

Jack Scott
jwltrscott@gmail.com
833-835-8226

FUNDING APPLICATION

A. BUSINESS INFORMATION

Legal/corporate name:		DBA:	
Physical address:		City:	State: Zip:
Business phone:	Fax:	Federal tax ID:	
Contact:	E-mail:	Website:	
Date business started:	Length of ownership:	Years at location:	# of locations:

B. OWNERSHIP

Owner #1 Name:		Home phone:	Mobile:
Home address:		City:	State: Zip:
Date of birth:	SSN:	Driver's license #:	State issued:
% Ownership of company:	Title:	Management Responsibility? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Owner #2 Name:		Home phone:	Mobile:
Home address:		City:	State: Zip:
Date of birth:	SSN:	Driver's license #:	State issued:
% Ownership of company:	Title:	Management Responsibility? Yes <input type="checkbox"/> No <input type="checkbox"/>	

C. LEASE

Landlord name:	Contact:	Work phone:	Cell phone:	Fax:
Monthly rent:	Square feet:	Dates of lease start and end:		

D. BUSINESS PROFILE

E. MERCHANT PROCESSING

Ownership: <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC	Are you currently accepting credit cards? Yes <input type="checkbox"/> No <input type="checkbox"/>	Current processing company:	Are you looking for a new processing account? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Average monthly credit card processing volume:	Average ticket size:	Would you like a free rate review on your current processing account? Yes <input type="checkbox"/> No <input type="checkbox"/>

F. CASH ADVANCE

Have you used a cash advance plan before?: Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you have an outstanding balance?: Yes <input type="checkbox"/> No <input type="checkbox"/>
Funding time frame:	Current Company:
Average gross monthly sales:	Original balance: Current balance:
Monthly bank deposits: <input type="checkbox"/> 1-5 <input type="checkbox"/> 5-10 <input type="checkbox"/> 10-20 <input type="checkbox"/> 20+	Use of Proceeds: Holdback %:

G. OTHER INFORMATION

Highest volume months:	<input type="checkbox"/> Jan. <input type="checkbox"/> Feb. <input type="checkbox"/> Mar. <input type="checkbox"/> Apr. <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> Aug. <input type="checkbox"/> Sep. <input type="checkbox"/> Oct. <input type="checkbox"/> Nov. <input type="checkbox"/> Dec.
Is business seasonal?:	If so details:
Is business for sale?:	If so details:
Is business usually closed during part of the year?:	If so details:
Any open state/federal tax liens against business or owner?	If so details:
Any lawsuits or judgments pending against business or owner?	If so details:

H. AUTHORIZATION

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 Choice Merchant Solutions ("CMS") including credit card processor statements are true, accurate and complete, (2) Applicant will immediately notify CMS of any change in such information or financial condition, (3) Applicant authorizes CMS to disclose all information and documents that CMS 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 future receivables including Merchant Cash Advance transactions, 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 completeness of such information and documents, (5) CMS, Assignees, and each of their representatives, successors, assigns and designees (collectively, "Recipients") are authorized to request and receive any investigative reports, credit 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. (8) You authorize us, and our affiliates, agents and independent contractor, to contact you at any telephone number you provide to us. Including but not limited to, calls or text messages or emails, facsimile or mobile devices even if you incur charges for receiving such communication.

(9) By signing below, the Merchant and its owners/principals: (1) certify that all information and documents submitted in connection with this Application are true and correct and complete: and (2) authorize Choice Merchant Solutions, its agents, partners, and lenders to receive credit reports and any other information regarding the Merchant and its owners/principals from third parties in "Order to verify any information on the Application.

Owner #1 Signature:	Date:	Owner #2 Signature:	Date:
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