

**3 Minute Merchant Application**  
**Fax to XXX.XXX.XXXX**



**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   |