

**BUSINESS INFORMATION**

Business Legal Name		Business DBA Name	
Address		Business Start Date	
City   State   Zip		State of Incorporation	
Federal State Tax ID		Phone #	
Website		Cell #	
Legal Entity	<input type="checkbox"/> Corp <input type="checkbox"/> Sole Prop <input type="checkbox"/> LLC <input type="checkbox"/> Partnership	Email Address	
Business Property	<input type="checkbox"/> Lease <input type="checkbox"/> Own	Products/Services Sold	
Term of Lease		Estimated Annual Gross Revenue	
Landlord Name & Number		Average Visa   Master Card Monthly Sales	
Are you interested in CREDIT REPAIR?	<input type="checkbox"/> Yes <input type="checkbox"/> No ( check one )	Desired Working Capital Amount	
		Use of Funds	

**OWNER INFORMATION**

Name	Name
Address	Address
City   State   Zip	City   State   Zip
Cell #	Cell #
Email	Email
% of Ownership	% of Ownership
Date of Birth	Date of Birth
SSN #	SSN #
Credit Score	Credit Score

**FUNDING INFORMATION**

How Many Advances Do You Have?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 ( check one )	Date Funded	
Who Funded You?		How Much Did They Fund You?	
Payment Schedule	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly	Did You Use A Broker?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Current Balance			

**AGREEMENT**

*By signing below, the Merchant and its owners / principals: (1) certify that all information and documents submitted in connection with this Application is true, correct and complete; and (2) authorize **Small Business Capital US** partners and lenders to receive credit reports and any other information regarding the Merchant and its owners and principals from third parties, to verify any information provided on the Application.*

**SIGNATURES**

Officer #1	Print: _____ Sign: _____	Title:	Date:
Officer #2	Print: _____ Sign: _____	Title:	Date: