

# BUSINESS LOAN APPLICATION

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## 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 (Must have at least 67% ownership. If NOT, submit additional owner application(s))

Name:		Contact phone number:	
Home address:		City:	State:
		Zip:	
Date of birth:	SSN:	FICO Score:	
% Ownership of company:	* Must have at least 67% ownership		Title:

## C. LEASE ( Landlord Information)

Landlord name:	Contact:		
Monthly rent:	Phone:		

## D. BUSINESS PROFILE

<b>Ownership:</b> <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC	<b>Merchant type:</b> <input type="checkbox"/> Retail <input type="checkbox"/> Restaurant <input type="checkbox"/> Lodging <input type="checkbox"/> Service	<input type="checkbox"/> Internet <input type="checkbox"/> Home-based <input type="checkbox"/> Automotive <input type="checkbox"/> Other _____	<b>Cards accepted:</b> <input type="checkbox"/> Visa MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> Other
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## E. CASH ADVANCE

Amount requested: (Approval: Up to 2x monthly gross revenue)	Have you used a cash advance plan before?	
Average Visa/MasterCard monthly sales:	If so, what company did you use?	
Average gross monthly sales:	Original Balance:	Current Balance?
Average ticket size:	Current payment or daily holdback%	

## F. OTHER INFORMATION

Current processing company:	

## G. SIGNATURE

By signing below, the Merchant and its owners/principals: (1) certify that all information on and documents submitted in connection with this Application are true, correct, and complete; and (2) authorize M&P, 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 provided on the Application.	
Signature:	Date: