

Merchant Information: A photocopy of owners drivers license must be attached.

Type of Entity:	Corporation	Partnership	Sole Proprietorship	other _____
Entity Name:			D/B/A:	
Address:			City/ State/ Zip	
Billing Address:			City/ State/ Zip	
Fed. ID #:			Bus start date	
Responsible Party:			Title:	
Phone:			Fax:	
Email:			Website:	
Product Sold:			Use of proceeds:	
State of Inc.:			Current Ownership:	
Principal #1	Percentage of Ownership		Prior address if >2yrs	
Full Name:			Social Security #	
Date of Birth:			Title:	
Drivers License:			Drivers License State	
Home Phone:			Cell Phone #:	
Home Address:			City/ State/ Zip	
yrs at home:			Months:	
Principal #2	Percentage of Ownership		Prior address if >2yrs	
Full Name:			Social Security #	
Date of Birth:			Title:	
Drivers License:			Drivers License State	
Home Phone:			Cell Phone #:	
Home Address:			City/ State/ Zip	
yrs at home:			Months:	

Trade References - Name 3 companies that can vouch for a good pay history.

Company:	Contact:	Phone:
Company:	Contact:	Phone:
Company:	Contact:	Phone:

Property Information	Building Type (circle one):	Free Standing, mall, home based, shopping ctr, office, other		
own	lease	Monthly Rent/ Mortgage:	\$	Lease Start date:
Landlord/ Mortgage Holder:		Time remaining on lease:		
Address:	Contact:	Phone:		
Address:				Fax or email:

Banking Information - A Voided check must be provided.

Bank Name:	Bank Account #
Contact:	Routing # (9 digits)
Branch city & zip:	Bank Phone #:

Applicant, named above, authorizes Bankcard Funding, its assigns, and its agents to obtain an investigative report from credit bureaus or credit agencies, and also to investigate the vendor references and any other references given on this application or on any other documents submitted by applicant for the purpose of obtaining funding.

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

The above signed hereby certifies that all of the information set forth is true and accurate.

Sales Agent:	Agent Phone #:
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	<u>Monday</u>	<u>Tuesday</u>	<u>Wed</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>	<u>Sunday</u>
Hours of Operation							

	<u>Jan</u>	<u>Feb</u>	<u>March</u>	<u>April</u>	<u>May</u>	<u>June</u>
Months of Operation, Check all that apply						
	<u>July</u>	<u>Aug</u>	<u>Sept.</u>	<u>Oct.</u>	<u>Nov.</u>	<u>Dec.</u>

Describe use of funds.

How much money do you want?

Have you ever filed for Bankruptcy protection? Are you contemplating Filing Bankruptcy, Reorganization, or an assignment for the benefit of creditors? If so please explain?

Are you current with your rent or mortgage? Are you current with all Payroll, State and Federal, Sales tax, etc? If not please explain.

Please provide the name and phone number of your payroll company, accountant, or other party who is responsible for paying your payroll taxes.

Are there any pending, threatened, or recently filed claims, judgements, tax liens, or UCC filings against the merchant or guarantor? If so please explain.