

eC Cash Advance™ Application Form



Business Information

LD Name: _____ Contact # _____ Email to: _____ Fax # 888-843-9804
 Type of Entity (✓ One) Corporation Limited Liability Company Partnership Limited Partnership Limited Liability Partnership Sole Proprietorship Franchise Professional Limited Liability
 State of Inc/Org: _____ Current Advance Outstanding Amount: _____ Original Advance Amount: _____
 ADVANCE AMOUNT REQUESTED: _____ Original Advance Holdback % and Factor: _____

Business Legal Name _____ D/B/A _____ Tax ID (or SS# for Sole Prop) _____

Business Physical Address _____ City, State, Zip _____

Business Mailing Address (if different than above) _____ City, State, Zip _____

Contact Name _____ Title _____ Business Phone (area code+ number) _____ Fax (area code+ number) _____

Website Address _____ E-Mail address _____ Length of ownership _____ Business Start Date (mm/yy) _____

Days of Operation (circle) _____ Type of Business _____ Is Business Seasonal? _____ % Sales MOTO/Internet _____
 Monday Tuesday Wednesday Thursday Friday Saturday Sunday
 YES OR NO

Proposed Use of Proceeds _____ Total Verifiable Annual Sales (Cash,Credit Card,Check,etc.) _____ Gross Profit Margin % _____ # Current Payroll Employees: _____

Describe current business insurance coverage _____ Do you have additional locations that accept electronic payments? _____
 YES or NO If YES, please name: _____

Own/Lease Storefront _____ Lease Start Date _____ Lease Term _____ Monthly Rent/Mtg _____ Type of building _____ Sq. Ft (approx) _____

Landlord/Mortgage Company _____ Contact Name _____ Phone Number _____ Fax Number _____

If owned, is your facility currently for sale? _____ Do you intend to sell your facility within the next 12 months? _____ Outstanding Judgments, Liens, Foreclosures? Please comment. _____
 YES or NO YES or NO If YES, within how many months? _____

Owner/Principal No. 1

Name _____ Percentage Ownership _____ Social Security Number _____ Marital Status _____

Date of Birth _____ Title _____ Home Phone # _____ Cell Phone # _____

Residence Address _____ City, State, Zip _____

Owner/Principal No. 2

Name _____ Percentage Ownership _____ Social Security Number _____ Marital Status _____

Date of Birth _____ Title _____ Home Phone # _____ Cell Phone # _____

Residence Address _____ City, State, Zip _____

Electronic Transaction Information

Total Monthly Credit Card Sales (Visa.MC, Discover, Amex) _____ Average Credit Card Sale Amount _____ Average # of Transactions per Day _____ # of Batches Per Week: _____

Total Monthly Check Processing Volume _____ Average Check Dollar Amount _____ Average # of Checks per Month _____ # of Batches Per Week: _____

Types of Checks Received: (circle) _____ Total Monthly (circle: EBT/EFT/Auto ACH/Teleddebit/Care Credit) Sales: _____ Average Transaction Size _____ # of Batches Per Week: _____
 Consumer Commercial Government Other

Highest Monthly Total Electronic Payments (in past 12 months): _____ Lowest Monthly Total Electronic Payments (in past 12 months): _____ Number of Credit Card Terminals at Location: _____

What Accounting Software are you currently using? (circle one) _____ If Other, Please Indicate Name of Accounting Software: _____
 QuickBooks Peachtree Other None

Applicant, named above, attests that the information provided on this form is accurate and complete, that providing the information to eC Cash Advance™, and/or assigns, does not constitute an application for credit, and that submitting the information does not obligate eC Cash Advance™, and/or assigns, to fund an advance. In addition, Applicant authorizes eC Cash Advance™, ProMAC, BFS, and/or 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 or information given on this application or any other documents submitted by applicant for the purpose of obtaining funding.

Please provide a brief description of business _____

Principal #1 _____ Signature _____ Date: _____ % Ownership _____

Principal #2 _____ Signature _____ Date: _____ % Ownership _____

- The following items are required to be submitted with the above application.
- Six (6) months of full bank statements (all pages) for the last six months.
 - Six (6) months of VISA/MasterCard and One (1) month of American Express/Discover merchant statements.
 - Six (6) months of Electronic check processing statements if using both credit card and electronic check proceeds.
 - Copy of driver's license of principal owners.
 - Note: If business only operates seasonally and shuts down the rest of the year, it will not qualify for a cash advance.