



Please fax completed application to:
888-843-9804

FUNDING APPLICATION

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													
Name:				Home phone:			Cell phone:						
Home address:				City:			State:		Zip:				
Date of birth:		SSN:		Driver's license #:			State issued:						
% Ownership of company:				Title:			*If more than one owner, please attach additional sheet						
C. LEASE													
Landlord name:			Contact:		Work phone:		Cell phone:		Fax:				
Monthly rent:			Square feet:		Dates of lease start and end:								
D. TRADE SUPPLIERS													
Business name:				Contact:			Phone:						
Business name:				Contact:			Phone:						
E. BUSINESS PROFILE													
Ownership:		Merchant type:				Cards accepted:							
<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC		<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 _____				<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover			
F. CASH ADVANCE													
Amount requested:					Have you used a cash advance plan before?:								
Average Visa/MasterCard monthly sales:					Company:								
Average gross monthly sales:					Original balance:			Current balance:					
Average ticket size:			Holdback %:			Use of Proceeds:							
G. OTHER INFORMATION													
Current processing company:							# of terminals:						
Highest volume months: Jan. Feb. Mar. Apr. May June July Aug. Sep. Oct. Nov. Dec.													
Is business seasonal?					If so, details:								
Is business for sale?					If so, details:								
Is business usually closed during part of the year?					If so, details:								
Any open state/federal tax liens against business or owner?					If so, details:								
Any lawsuits or judgments pending against business or owner?					If so, details:								
H. 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 RetailCapital, 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:						

Please call 888-288-3816 with any questions.