Merchant Pre-Qualification Form Gary Pitts VP

Business Legal Name:

Business DBA Name:

Type of Business Entity (Check One)		Limited Liability Partnership Company	Limited Partnership	Limited Liability Sole Proprietor Partnership	
	e any other businesses r working capital? &KHFN RQH	Sta	ate of Incorporation:	Use of Proceeds:	
Physical Street Addres	s:		City:	State: Zip Code:	
Billing Street Address			City:	State: Zip Code:	
(If different than above	:				
Physical Location Phore	ie #:	Billing Location Phone #:		Preferred Contact Phone #:	
Industry Type: (SIC Co	de or Description)	☐Rented ☐Mortgaged Amount:		Current Credit Card Processor:	
Gross Annual Sales (Pr	evious year's Tax return):	Date the Business first processe Ownership/Business Start Date:		Average Monthly Credit Card Volume:	
List the total VISA/MasterCard	Last Month:	Two Months Ago:	Three Months Ago:	Four Months Ago:	
processing volumes from previous four months:	\$ # Tickets:	\$ # Tickets:	\$ # Ticl	kets: \$ # Tickets:	
Owner/Officer		Primary Contact	Job Title:		
Last Name:	First Name:	SS#:	Date of Birth:	Home Phone:	
				<u>.</u>	
Street Address:			Ci ty:	State: Zip Code:	

Authorizations

The Merchant and Owner(s)/Officer(s) identified above (individually, an "Applicant") each represents, acknowledges and agrees that (1) all information and documents provided to ______Your Business Name Here ("YBNH") including credit card processor statements are true, accurate and complete, (2) Applicant will immediately notify YBNH of any change in such information or financial condition, (3) Applicant authorizes YBMH to disclose all information and documents that

YBNH may obtain including credit reports to other persons or entities (collectively, "Assignees") that may be involved with or acquire commercial loans having daily repayment features or purchases of future receivables including Merchant Cash Advance transactions, including without limitation the application therefor (collectively, "Transactions") and each Assignee is authorized to use such information and documents, and share such information and documents with other Assignees, in connection with potential Transactions, (4) each Assignee will rely upon the accuracy and completeness of such information and documents, (5) YBNH, Assignees, and each of their representatives, successors, assigns and designees (collectively, "Recipients") are authorized to request and receive any investigative reports, credit reports, statements from creditors or financial institutions, verification of information, or any other information that a Recipient deems necessary, (6) Applicant waives and releases any claims against Recipients and any information-providers arising from any act or omission relating to the requesting, receiving or release of information, and (7) each Owner/Officer represents that he or she is authorized to sign this form on behalf of Merchant.

Owner / Officer's Name : (Print)					
Owner / Officer's Signature:	_X	Date:			
Merchant Cell Phone#		Merchant Fax#			
Landlord Name		Landlord Contact #			
Business Federal Tax Id#	Business Website Address		Any Judgements/Liens?	Yes	No
Is your business Seasonal? Yes No	If Yes, what are the peak months	?	Any Open Bankruptcies?	Yes	No

Second owner name and % of ownership	/	_%	
Business Trade Reference #1	Phone#		
Business Trade Reference #2	Phone#		
Sales Representative Name	Phone#_		