

WORKING CAPITAL APPLICATION



Phone 888-862-8831
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- DOCUMENT CHECK LIST (RETURN WITH APPLICATION)**
- Bus Bank Statement for the last 3 months. **ALL PAGES**
 - VISA/MC Statements for the last 4 months. **ALL PAGES**
 - Copy of Articles of Incorporation / Business License
 - Copy of Driver License(s) (please enlarge when copying)
 - Copy of a voided business check

Please fill in the spaces below and mail or fax us the application. By doing so, you are giving [Merchant Bankcard](#), as well as its agents and affiliates, permission to review your business and personal credit history in order to provide you with formal funding approval.

Business Legal Name "Merchant":	Doing Business As:
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Legal Entity: Corporation Limited Liability Corporation Sole Proprietorship Other _____

Physical Address:

Mailing Address:

Business Phone:	Business Fax:
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Mobile:	E-Mail:
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Website:	Type of Business / Products Sold:
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Federal Tax ID #:	Business Start Date (MM/DD/YY):
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Property Ownership: <input type="checkbox"/> Lease <input type="checkbox"/> Own	Landlord / Mortgage Company:
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Rent / Mortgage Payment: \$	Mortgage Company Phone:
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Landlord Contact Name:	Landlord Phone:
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OWNER / PRICIPAL INFORMATION

Name :	% of Ownership
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Home Address:

Home Phone:	Home Fax:
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E-mail :	Mobile:
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Date of Birth:	Social Security #:
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Drivers License #:	Drivers License State of Issuance:
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OWNER / PRICIPAL INFORMATION

Name :	% of Ownership
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Home Address:

Home Phone:	Home Fax:
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E-mail :	Mobile:
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Date of Birth:	Social Security #:
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Drivers License #:	Drivers License State of Issuance:
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FUNDING INFORMATION

Desired Advance Amount: \$	Purpose of Advance:
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Current Advance: Yes: *Balance \$ _____ Held With: _____ No Current Advance

TRADE REFERENCES

Company	Contact Name	Contact Phone Number

By signing below, the Merchant and its owners / principals: (1) certify that all information and documents submitted in connection with this Application is true, correct and complete; and (2) authorize MerchantBankCard, its agents, partners, and lenders to receive credit reports and any other information regarding the Merchant and its owners and principals from third parties, to verify any information provided on the Application. By signing this agreement, the Merchant hereby authorizes MerchantBankCard and its affiliates to obtain the 12 most recent monthly reports detailing Merchant's credit card processing activity from its card processor or any agent or other third party utilized by that processor to authorize, clear and/or settle credit card payments.

Signature _____ **Date** _____ **Co-Owner Signature** _____ **Date** _____

Print Name _____ **Print Name** _____