



BUSINESS OWNER'S APPLICATION AND INFORMATION FORM

Type of Entity:	<input type="checkbox"/> Corporation <input type="checkbox"/> General Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietorship			
Business Legal Name:		Doing Business As:		
Physical Address:		City - State - Zip:		
Billing Address:		City - State - Zip:		
Federal ID:		Bus. Start Date:		
Phone:		Fax:		
Email:		Website:		
Product Sold:		Use of Proceeds:		
Principal #1	Percentage of Ownership	%		
Full Name:		Social Security #:		
Date of Birth:		Cell Phone:		
Residence Address:		City - State - Zip:		
Principal #2	Percentage of Ownership	%		
Full Name:		Social Security #:		
Date of Birth:		Cell Phone:		
Residence Address:		City - State - Zip:		
Property Information	Type of Bldg:	<input type="checkbox"/> Free Stdg <input type="checkbox"/> Mall <input type="checkbox"/> Home Based <input type="checkbox"/> Shopping Ctr <input type="checkbox"/> Office		
Own/Lease	<input type="checkbox"/> Own <input type="checkbox"/> Lease	Monthly Rent/Mortg:		
Landlord/Mortg Co.:		Months remaining lease:		Fax:
		Contact:		Phone:
Business Sales Information				
Monthly Credit Card Volume:		Gross Monthly Sales:		Total Annual Sales:
Please specify loan amount requested below.				
\$				
Is the Merchant or any Principal in any other form of business loan/cash advance program? If yes, please explain.				
Signatures				
<small>By signing below, each of the above listed Business Owner(s)/Officer(s)/Principal(s) and Business (individually and collectively, "You") certify that all information and documents submitted in connection with this Funding Application ("Application") are accurate, true, correct and complete; and that You will immediately notify Financial Advantage Group or any of its representatives, successors, designees, agents, partners, or affiliates and assigns ("Recipients") of any change in such information or financial condition. You acknowledge that any false statements may be considered fraud. You acknowledge that the Recipients are relying on the information You provide. You authorize Financial Advantage Group and Recipients to request and receive credit. You further authorize Financial Advantage Group and each of the Recipients that may be involved with or acquire commercial loans having daily repayment features or purchases of future receivables including Merchant Cash Advance transactions (collectively, "Transactions") to obtain consumer or personal, business and investigative reports and other information about You, including, but not limited to credit card processor statements and bank statements from one or more consumer reporting agencies, such as TransUnion, Experian and Equifax, and from other credit bureaus, banks, financial institutions, creditors and other third parties. You authorize Financial Advantage Group and Recipients to receive relevant information regarding the commercial lease for the above-referenced premises from your leasing company and/or agent and to transmit this Application, along with any of the foregoing information obtained in connection with this Application, to any or all of the Recipients for the foregoing purposes. A photocopy, Docusign copy, Digital copy, or emailed copy of the Application will be deemed acceptable for release of credit and/or investigatory information.</small>				
Signature #1:		Date:		
Signature #2:		Date:		