

Working Capital Pre-Qualification Form

Business Legal Name:		Business DBA (if applicable):		
Type of Business Entity (select one): Corporation <input type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> LP <input type="radio"/> LLP <input type="radio"/> Sole Prop <input type="radio"/>				State of Incorporation/LLC:
Does the Applicant have any other open contracts for working capital? (check one) YES <input type="radio"/> NO <input type="radio"/>		Desired Use of Funding Proceeds:		
If YES, Name of Working Capital Provider:		When are funds needed? ASAP <input type="radio"/> 30 days <input type="radio"/> 60+ days <input type="radio"/>		
Business Physical Street Address:		City:	State:	Zip code:
Billing Address (if different from above):		City:	State:	Zip code:
Physical Location Phone:	Billing Location Phone:		Business Website:	
Applicant Email Address:	Applicant Fax:		Applicant Mobile:	
Industry Type: (Description or SIC code)	Business Rent/Mortgage Information: Rented <input type="radio"/> Mortgaged <input checked="" type="radio"/>		Monthly Payment: Is Payment Current? YES <input type="radio"/> NO <input type="radio"/>	
Average Monthly Credit Card Volume (if applicable):	Average Business Checking Balance:	Gross Annual Sales: (Previous Year's Tax Return)		
Business Start Date under current owner:	Business Federal Tax ID#:	Is this a Home Based Business? YES <input type="radio"/> NO <input type="radio"/>	Any Open Judgments or Liens? YES <input type="radio"/> NO <input type="radio"/>	Any Open Bankruptcies? YES <input type="radio"/> NO <input type="radio"/>
Owner 1 Information:		Percent Ownership? %	Title:	
First Name:	Last Name:	Social Security:	Date of Birth:	Home Phone:
Home Street Address:		City:	State:	Zip Code:
Owner 2 Information (if applicable):		Percent Ownership? %	Title:	
First Name:	Last Name:	Social Security:	Date of Birth:	Home Phone:
Home Street Address:		City:	State:	Zip Code:

Authorizations

By signing below, each of the above listed business and business owner/officer (individually and collectively, "you") authorize Small Business Lending Source ("SBLs") and each of its representatives, successors, assigns and designees ("Recipients") 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 therefore (collectively, "Transactions") to obtain consumer or personal, business and investigative reports and other information about you, including 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, creditors and other third parties. You also authorize SBLs to transmit this application form, along with any of the foregoing information obtained in connection with this application, to any or all of the Recipients for the foregoing purposes. You also consent to the release, by any creditor or financial institution, of any information relating to any of you, to SBLs and to each of the Recipients, on its own behalf.

Owner 1 Print Name: _____ Signature: _____ Date _____

Owner 2 Print Name: _____ Signature: _____ Date _____