



9265 4th Ave, 2nd Floor  
Brooklyn, NY 11209  
877-563-4226, Fax 877-340-9184

## Application Form

### General Information

Corporation Name: \_\_\_\_\_ DBA: \_\_\_\_\_  
 Federal ID # \_\_\_\_\_ Business Entity: \_\_\_\_\_ Type of Business: \_\_\_\_\_  
 Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
 Preferred Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Website: \_\_\_\_\_  
 Business start date: \_\_\_\_\_ Do you have a cash advance now: \_\_\_\_\_ With Who: \_\_\_\_\_ Balance: \_\_\_\_\_  
 Average Monthly VISA/MC: \_\_\_\_\_ Average AMEX: \_\_\_\_\_ Gross Annual Sales: \_\_\_\_\_  
 Seasonal Business: \_\_\_\_\_ Peak Sales Month(s): From \_\_\_\_\_ To \_\_\_\_\_ Credit Score: \_\_\_\_\_  
 Open Judgements: \_\_\_\_\_ Bankruptcy in last 12 months: \_\_\_\_\_ Franchise: \_\_\_\_\_ Term on Lease: \_\_\_\_\_  
 Monthly Rent: \_\_\_\_\_ Credit Score Range: \_\_\_\_\_

### Business References

Trade Reference 1: Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Trade Reference 2: Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Trade Reference 3: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Owner Information (Owner/ Officer/ Partner)

1<sup>st</sup> Owner Full Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ S.S.#: \_\_\_\_\_  
 Prior Names: \_\_\_\_\_ Driver License: \_\_\_\_\_ State: \_\_\_\_\_ % of Ownership: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Personal Email: \_\_\_\_\_  
 OWN/RENT: \_\_\_\_\_ Landlord Name: \_\_\_\_\_ Landlord Contact: \_\_\_\_\_  
 2<sup>nd</sup> Owner Full Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ S.S.#: \_\_\_\_\_  
 Prior Names: \_\_\_\_\_ Driver License: \_\_\_\_\_ State: \_\_\_\_\_ % of Ownership: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Personal Email: \_\_\_\_\_  
 OWN/RENT: \_\_\_\_\_ Landlord Name: \_\_\_\_\_ Landlord Contact: \_\_\_\_\_

### Processing Information

Check all that apply: Visa    Visa Debit    Master Card    Master Card Debit    Discover    Amex  
 Type of POS Equipment: \_\_\_\_\_ Number of Terminals: \_\_\_\_\_ POS Version: \_\_\_\_\_  
 Avg High Ticket: \_\_\_\_\_ Card Present Swiped %: \_\_\_\_\_ Card Present Not Swiped %: \_\_\_\_\_

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 Representative including credit card processor statements are true, accurate and complete, (2) Applicant will immediately notify Representative of any change in such information or financial condition, (3) Applicant authorizes Representative to disclose all information and documents that Representative 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 therefore (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) Representative and each Assignee will rely upon the accuracy and completeness of such information and documents, (5) Representative, 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. A copy of this authorization may be accepted as an original. The term "Representative" shall mean any funding source looking to offer, make available, or provide to the Merchant access to loans or merchant cash advances based on such Merchant's future receivables and/or structured with a periodic repayment feature.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Please fax this application back to 877-340-9184**

Email: [info@premiercapitalfunding.com](mailto:info@premiercapitalfunding.com)  
 Website: [www.premiercapitalfunding.com](http://www.premiercapitalfunding.com)