



Application for Funding

PHONE 877-563-4226 EMAIL: Funding@FenixCapitalFunding.com

BUSINESS INFORMATION

Legal/Corporate Name:		DBA:	
Physical Address:			City:
			Zip:
Business Telephone #:		Fax #:	
		Email:	
Date Business Started:	Date Legal Entity Created:	State Legal Entity Registered:	Federal Tax ID:
Type of Entity (Circle one): Sole prop Partnership Corp LLC Other			Website:
Type of Business (Circle all that Apply): E-commerce Retail Restaurant Grocery Automotive Transportation Other:			Product/Service Sold:

MERCHANT/OWNER INFORMATION

Corporate Officer/Owner Name:		Title:		Ownership %:	
Home Address:			City:		State: Zip:
SSN:	DOB:	Home#:		Cell#:	

CO-OWNER INFORMATION

Corporate Officer/Owner Name:		Title:		Ownership %:	
Home Address:			City:		State: Zip:
SSN:	DOB:	Home#:		Cell#:	

BUSINESS PROPERTY INFORMATION

Landlord or Mortgage Bank (Business location):		Monthly Rent/Mortgage Payment:	Lease expiration:
Landlord/Mortgage Contact Name:			Contact #:

BUSINESS TRADE REFERENCES

Business Name:	Contact Name and/or Account#:	Phone #:
Business Name:	Contact Name and/or Account#:	Phone #:

OTHER INFORMATION

Current CC Processing Company:	Type/Number of Terminals	Monthly Volume:
Please list any open MCA or Loans/Name of funder:	Original funded Amount:	Current Balance:
Amount Requested:	Use of Proceeds:	

By signing below, each of the above listed business and business owner/officer (individually and collectively, "you") authorize Fenix Capital Funding LLC. and each of its representatives, successors, assigns and designees ("Recipients") to obtain consumer or personal, business and investigative reports and other information, from one or more consumer reporting agencies and to investigate the references giving on any other statement or data obtained from applicant.

Applicant's Signature:	Date
Co-Applicant/Owner Signature:	Date