

Working Capital Pre-Application

Referring ID: _____

| BUSINESS INFORMATION | | |
|--|---|----------------------|
| Legal Business Name: | DBA (if different): | |
| Legal Entity: <input type="checkbox"/> Corp <input type="checkbox"/> LLC <input type="checkbox"/> Sole Prop <input type="checkbox"/> LP <input type="checkbox"/> Other _____ | Business Start Date (MM/DD/YY): | |
| Business Classification: <input type="checkbox"/> Retail <input type="checkbox"/> Restaurant <input type="checkbox"/> Services <input type="checkbox"/> Manufacturer/Wholesaler <input type="checkbox"/> Internet <input type="checkbox"/> Mail Order/Telephone Order | | |
| Physical Address: | | |
| Mailing Address: | | |
| Business Phone: | Business Fax: | |
| Mobile: | E-Mail: | |
| Website: | Products Sold: | |
| Tax ID Number or Business Number: | Terminal/POS Make/Model: | |
| Property Ownership: <input type="checkbox"/> Lease <input type="checkbox"/> Own | Length of Ownership: _____ years _____ months | |
| Landlord / Mortgage Company Name: | Landlord Contact Name: | |
| Landlord / Mortgage Company Phone: | Rent / Mortgage Payment: \$ | |
| OWNER / PRINCIPAL INFORMATION | | |
| Name: | Title: | % of Ownership: |
| Home Address: | | |
| Home Phone: | Cell Phone: | |
| E-Mail: | | |
| Date of Birth (MM/DD/YY): | Social Security or Social Insurance#: | |
| Drivers License #: | Drivers License State or Province of Issuance: | |
| OWNER / PRINCIPAL INFORMATION | | |
| Name: | Title: | % of Ownership: |
| Home Address: | | |
| Home Phone: | Cell Phone: | |
| E-Mail Address: | | |
| Date of Birth (MM/DD/YY): | Social Security or Social Insurance#: | |
| Drivers License #: | Drivers License State or Province of Issuance: | |
| FUNDING INFORMATION | | |
| Desired Advance Amount: \$ | Purpose of Advance/ Use of Funds: | |
| Current Advance Balance? <input type="checkbox"/> Yes: *Balance \$ _____ Held With: _____ <input type="checkbox"/> No Current Advance | | |
| TRADE REFERENCES | | |
| COMPANY (Largest Vendors) | CONTACT NAME | CONTACT PHONE NUMBER |
| | | |
| | | |
| | | |
| By signing below, the Merchant and its Owners / Principals certify that all information and documents submitted in connection with this Application are true, correct and complete. Additionally, authorize Business Financial Services, Inc. or BFS Canada, Inc. or any of its agents, partners, and affiliates to (1) obtain and use non-business consumer 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; and (2) 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. | | |
| Owner/ Principal Signature: _____ Print Name: _____ | Co-Owner/ Co-Principal Signature: _____ Print Name: _____ | |