

Working Capital Information

Business Name(s)			
Business Legal Name:		Phone #:	
Legal Address:		Fax #:	
City:	County:	State:	Zip:
Name of Account (Doing Business As):		Phone #:	
Physical Street Address (No PO Box):		Fax #:	
City:	County:	State:	Zip:
Must Choose One Mailing Address: <input type="checkbox"/> DBA Address <input type="checkbox"/> Legal Address		Email Address:	

Merchant Profile (Business)			
Federal Tax ID (Social Security Number if Sole Proprietor):		State of Incorporation:	# of Locations:
Business Open Date:	Length of Current Ownership:	Product / Service Sold:	Requested Amount:
Gross Monthly Sales:	Average Ticket:	Seasonal Business: <input type="checkbox"/> Yes <input type="checkbox"/> No	Peak Sales Month: From: To: Franchise: <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you used a cash advance plan before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? Provider:		Type of Entity: (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Corporation	
Existing American Express MID # (10 Digits):	Existing Discover MID # (15 Digits):	Existing Diners MID # (10 Digits):	
Current Terminal Type or POS System:	# of Terminals:	POS System Contact Name:	POS System Contact Number:
Landlord / Mortgage Company:	Contact Name:	Lease: Start Date: End Date:	
Monthly Rent / Mortgage Payment:	Phone #:	Fax #:	

Ownership Information			
Owner / Officer / Partner 1:			
First Name:	Last Name:	Title:	
Social Security Number:	Date of Birth:	Drivers License Number:	
% of Ownership:	Years There:	Check if you: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Lease	
Residence Address:	City:	State:	Zip:
Phone #:	Mobile #:	Email:	
Owner / Officer / Partner 2:			
First Name:	Last Name:	Title:	
Social Security Number:	Date of Birth:	Drivers License Number:	
% of Ownership:	Years There:	Check if you: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Lease	
Residence Address:	City:	State:	Zip:
Phone #:	Mobile #:	Email:	

Credit Card Processing			
Sales Profile (Must Equal 100%): Card Swiped: _____% + Manually Keyed with Imprint: _____% + Mail Order/Phone Order: _____% + Internet Order: _____% = 100%			
Does merchant accept transactions before the customer receives product or services? <input type="checkbox"/> Yes <input type="checkbox"/> No		% of sales in this category? _____%	
How long does customer wait before product is received? _____		% of cost that is prepayment: _____%	
Does Merchant offer warranties, dues, subscriptions, memberships or other extended services? <input type="checkbox"/> Yes <input type="checkbox"/> No		Duration of extended services or benefits: (in weeks) _____	
Is the Merchant seasonal: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list peak months: _____/_____/_____ to _____/_____/_____			
Monthly Visa/MasterCard Volume:	Average Ticket:	High Ticket:	

Insurance Information		
Insurance Company:	Insurance Broker's Name:	Insurance Broker's Phone #:
Policy Number:	Business Interruption Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No	Flood Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No

By signing below I/We certify the above information is true and correct as set forth in this worksheet. Applicant named above hereby authorizes U.S. Merchant Cash Advance Co. and/or its affiliated companies to obtain an investigative report from credit agencies and also to investigate the trade references and any other references given on this application and/or on any other documents submitted by applicant for purpose of obtaining a working capital advance.

X		_____	_____	_____
Signature		Title	Print Name	Date
X		_____	_____	_____
Signature		Title	Print Name	Date

**FAX SIGNED & COMPLETED APPLICATION
WITH 4 MONTHS OF CREDIT CARD PROCESSING STATEMENTS TO: 614-573-7155**