



MERCHANT CAPITAL SOURCE

- COMPLETE AND RETURN WITH:**
- 4 Most Recent Merchant Processing Statements
 - Latest Business Bank Statement
 - Voided Check
 - Business License

Merchant Application

FAX COMPLETED APPLICATION TO: 949-209-2636

General Background: Merchant Information

Type of Entity (check one) corporation limited liability company partnership limited partnership limited liability partnership sole proprietorship

Merchants Legal Name		D/B/A		Federal ID (or SS# for Sole Proprietorship)	
Physical Address		City, State, Zip		Business Phone	
Mailing Address / Billing Address		City, State, Zip		Business Fax	
State of Incorporation/Organization	Business Type; Product/Service Sold	Date business started (mm/yy)	Length of Ownership	Use of Proceeds	
Contact Name	Position	Email Address	Web Address		

Merchant Ownership Information: Owner No. 1 Percentage (____%) of Ownership

Name		Social Security Number		Date of Birth	Position
Driver's License # & State			Home Phone #		Cell Phone #
Residence Address				City, State, Zip	
Length at Current Residence				Email Address	

Merchant Ownership Information: Owner No. 2 Percentage (____%) of Ownership

Name		Social Security Number		Date of Birth	Position
Driver's License # & State			Home Phone #		Cell Phone #
Residence Address				City, State, Zip	
Length at Current Residence				Email Address	

Sales & Credit Card Processing Information

Visa/MasterCard: Card Swipe _____% Manually Keyed _____% Phone/Mail Order _____% Internet _____% Total (100%)				Avg. Gross Monthly Volume (Cash, Checks, Credit Cards)	
Seasonal Sales: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, high volume months: <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec					
# of Terminals	Terminal Make & Model	Software Type / POS System	Software Type / POS System - Contact Name & Phone		

Funding Information

Do You Have an OPEN Cash Advance Or Dining Program? YES NO If Yes, Company and Current Balance:

Used A Cash Advance Program Before? YES NO If Yes, Company:

Any State / Federal Tax Liens Against Owner? YES NO If Yes, Details:

Have You Or Business Ever Declared Bankruptcy? YES NO If Yes, Details:

Are Any Suits Or Judgments Pending? YES NO If Yes, Details:

Business Property Information

Own/Lease	Lease Start Date	Lease Term	Mthly Rent/Mtg	Type of Building	Square Footage (approx)
Landlord / Mortgage Company		Contact Name	Phone Number	Fax	

Other Information

Did you enclose any additional information?	Sales Representative (Please Print)	Sales Agent #	Contract #
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1. Application must include a copy of a voided check.
2. MCS will conduct independent due diligence of each Merchant that desires financing from MCS, and MCS may deny financing to any applicant at its sole discretion.
3. Merchant acknowledges and agrees that a consumer or investigative report, including a credit check with recognized credit reporting agency(s), may be conducted in connection with this Application. Merchant hereby authorizes MCS and its agents and representatives to (i) initiate such reports, investigations and/or credit checks, (ii) investigate any statements made or data received from or about Merchant and/or its owners/shareholders, and (iii) contact any references given by Merchant or its owners/shareholders.

Authorized Merchant Representative _____ Date _____