



- COMPLETE AND RETURN WITH:
- 4 most recent merchant processing statements
- 4 most recent business bank statements
- Voided check
- Business license
- Driver's license

Return completed application to
underwrite@merchantcapitalsource.com
or fax 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 (if different) City, State, Zip Business Email
State of Incorporation/Organization Business Type; Product/Service Sold Date Business Started(mm/yy) Length of Ownership Use of Proceeds
Web Address Any other businesses operating out of the same location? If yes, please list:
Merchant Ownership Information: Owner No. 1 Percentage ( \_\_\_% of Ownership)
Name Social Security Number Date of Birth Position
Driver's License # & State Home Phone Number Cell Phone #: Personal Email Address
Residence Address City, State, Zip
Merchant Ownership Information: Owner No. 2 Percentage ( \_\_\_% of Ownership (if third owner, please use second application))
Name Social Security Number Date of Birth Position
Driver's License # & State Home Phone Number Cell Phone # Personal Email Address
Residence Address City, State, Zip
Sales & Credit Card Processing Information
Avg. Gross Monthly Volume (Cash, Checks, Credit Cards):
Seasonal Sales: Yes No If yes, high volume months: Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec
# of Terminals Credit Card Processor Terminal Make & Model Software Type/POS System Contact Name & Phone
Funding Information
Do you have an open loan or merchant cash advance balance? YES NO If yes, company and current balance:
Have you used a loan or merchant cash advance program before? YES NO If yes, company:
Is there a outstanding loan to a previous business owner? YES NO If yes, monthly payment & term?
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 Monthly Rent/Mtg 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 #

Please read carefully: (i) Loans or Merchant Cash Advance will be made in California (i.e. no contract will be formed until Merchant Capital Source ("MCS") receives and accepts the Business Loan & Security Agreement or Purchase Agreement in California. (ii) The Business Loan & Security Agreement or Purchase Agreement will be governed by California law and federal law and payments are not accepted until received by MCS in California. (iii) 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. (iv) 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 initiate such reports, investigations and/or credit checks, investigate any statements made or data received from or about Merchant and/or its owners/ shareholders (i.e. landlord verification) and contact any references given by Merchant or its owners/shareholders.

Authorized Merchant Representative \_\_\_\_\_ Date \_\_\_\_\_