

**Merchant Pre-Qualification Form
Ben Trushkov Loan Rep**

Business Legal Name: _____

Business DBA Name: _____

Type of Business Entity (Check One) Corporation Limited Liability Company Partnership Limited Partnership Limited Liability Partnership Sole Proprietor

Does the Merchant have any other businesses with open contracts for working capital? &KHFN RQH YES NO

State of Incorporation: _____

Use of Proceeds: _____

Physical Street Address: _____ City: _____ State: _____ Zip Code: _____

Billing Street Address _____ City: _____ State: _____ Zip Code: _____

(If different than above):

Physical Location Phone #: _____ Billing Location Phone #: _____ Preferred Contact Phone #: _____

Industry Type: (SIC Code or Description) Rented Amount: Mortgaged Amount: Current Credit Card Processor: _____

Gross Annual Sales (Previous year's Tax return): _____ Date the Business first processed Credit Cards under current Ownership/Business Start Date: _____ Average Monthly Credit Card Volume: _____

List the total VISA/MasterCard processing volumes from previous four months:	Last Month:		Two Months Ago:		Three Months Ago:		Four Months Ago:	
	\$	# Tickets:	\$	# Tickets:	\$	# Tickets:	\$	# Tickets:

Owner/Officer Primary Contact Job Title:

Last Name: _____ First Name: _____ SS#: _____ Date of Birth: _____ Home Phone: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Authorizations

The Merchant and Owner(s)/Officer(s) identified above (individually, an "Applicant") each represents, acknowledges and agrees that (1) all information and documents provided to _____ Your Business Name Here ("YBNH") including credit card processor statements are true, accurate and complete, (2) Applicant will immediately notify YBNH of any change in such information or financial condition, (3) Applicant authorizes YBNH to disclose all information and documents that

YBNH may obtain including credit reports to other persons or entities (collectively, "Assignees") that may be involved with or acquire commercial loans having daily repayment features or purchases of future receivables including Merchant Cash Advance transactions, including without limitation the application therefor (collectively, "Transactions") and each Assignee is authorized to use such information and documents, and share such information and documents with other Assignees, in connection with potential Transactions, (4) each Assignee will rely upon the accuracy and completeness of such information and documents, (5) YBNH, Assignees, and each of their representatives, successors, assigns and designees (collectively, "Recipients") are authorized to request and receive any investigative reports, credit reports, statements from creditors or financial institutions, verification of information, or any other information that a Recipient deems necessary, (6) Applicant waives and releases any claims against Recipients and any information-providers arising from any act or omission relating to the requesting, receiving or release of information, and (7) each Owner/Officer represents that he or she is authorized to sign this form on behalf of Merchant.

Owner / Officer's Name : (Print) _____

Owner / Officer's Signature: X _____ Date: _____

Merchant Cell Phone# _____ Merchant Fax# _____

Landlord Name _____ Landlord Contact # _____

Business Federal Tax Id# _____ Business Website Address _____ Any Judgements/Liens? Yes No

Is your business Seasonal? Yes No If Yes, what are the peak months? _____ Any Open Bankruptcies? Yes No

Second owner name and % of ownership _____ / _____ %

Business Trade Reference #1 _____ Phone# _____

Business Trade Reference #2 _____ Phone# _____

Sales Representative Name _____ Phone# _____