

**Merchant Pre-Qualification Form  
Brenda Banks 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 YBMH 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# \_\_\_\_\_