

Merchant Pre-Qualification Form
Andrina Jensen Rep

Business Legal Name:

Business DBA Name:

Type of Business Entity (Check One)	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Sole Proprietor
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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

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# _____