

CAP2ALL

BUSINESS FINANCE SOLUTIONS

BUSINESS INFORMATION					
Legal/Corporate Name:			DBA:		
Physical Address:					
City:		Province:		Postal Code:	
Date Business Started:		Length of Ownership:		Gross Annual Sales:	
Phone:		Fax:		Website:	
Email:					
BIN:		Business Type: (Click One)		Sole Proprietorship Partnership LLC Corporation	
Type of Business (Click all that apply)		Retail MO/TO Wholesale		Restaurant Other (list)	
Product/Service Sold:			Use of Proceeds		
OWNER/OFFICER INFORMATION					
Owner/Officer Name:			Title:		% of Ownership:
Home Address:			City:		Province: Postal Code:
SSN:		Date of Birth:		Home#	Cell#
ADDITIONAL OWNER/OFFICER INFORMATION					
Owner/Officer Name:			Title:		% of Ownership:
Home Address:			City:		Province: Postal Code:
SSN:		Date of Birth:		Home#	Cell#
BUSINESS PROPERTY INFORMATION					
Business Landlord or Business Mortgage Bank:				Account#	
Contact Name:			Phone#		
Own or Lease:		Monthly Rent or Mortgage:			
Business Trade References (list at least 2 trade suppliers)					
Business Name:		Account#		Contact Name and Phone #	
Business Name:		Account#		Contact Name and Phone #	
OTHER INFORMATION					
Credit Card Processing Terminal/Software Model:				Number of Terminals:	
Do you accept (please click all that apply): Visa/Mastercard Amex Discover Debit EBT Average Monthly Volume:					
Prior/Current Merchant Cash Advance Company (if applicable):				Balance:	
<p>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 us including bank and credit card processor statements are true, accurate and complete, (2) Applicant will immediately notify us of any change in such information or financial condition, (3) Applicant authorizes us to disclose all information and documents that we 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 therefore (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) Assignees, and each of their representatives, successors, assignees, 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.</p>					
Applicant's Signature			Applicant's Signature		
Print Name			Print Name		
Date			Date		

PLEASE EMAIL THE COMPLETED APPLICATION ALONG WITH
 THE LAST 6 MONTHS OF YOUR BUSINESS BANK ACCOUNT STATEMENTS
 TO: CAPITAL@CAP2ALL.COM