

Merchant Information				
Type of 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 proprietorship				
Merchants Legal Name		D/B/A		Federal ID (or SS# for Sole Proprietorship)
Physical address		City, State Zip		State Tax ID#
Mailing address / Billing Address		City, State Zip		Use of Proceeds
State of Incorporation/Organization	Specific Type of Business	Date business started (mm/yy)	Length of Ownership	E-Mail Address
Contact name	Position	Phone	Fax	Website
Describe Specific Type of Product/Service Sold				
Principal No. 1 Percentage (%) of Ownership				
Name	Social Security Number	Date of Birth	Position	
Driver's License # & State	Home Phone #		Cell Phone #	
Residence Address			City, State Zip	
Length at Current Residence	Prior Address, City, Stat Zip, if at Current Address less than 2 Years			
Principal No. 2 Percentage (%) of Ownership				
Name	Social Security Number	Date of Birth	Position	
Driver's License # & State	Home Phone #		Cell Phone #	
Residence Address			City, State Zip	
Length at Current Residence	Prior Address, City, Stat Zip, if at Current Address less than 2 Years			
Credit Card/Terminal Information				
Visa/MasterCard: Card Swipe % Manually Keyed % Phone/Mail Order % Internet % Total (100%)				
Average Ticket	Total Gross Monthly Volume	Visa/MC Monthly Vol	Annual Visa/MC Sales	# of Terminals
Requested Funding Amount	Prior/Current Cash Advance Company		Any Open State/Federal Tax Liens	
			Any Lawsuits or Judgements Pending Against Business or Owner	
Is the Merchant Current with landlord	Amount Owed on Current Cash Advance	Any Previous or Current Bankruptcy		
Terminal Hardware/Software Comments		Merchant Return Policy		
Trade References				
Company	Contact Name	Phone Number	Fax	
Company	Contact Name	Phone Number	Fax	
Company	Contact Name	Phone Number	Fax	
Property Information				
Own/Lease	Lease Start Date	Lease Term	Mthly Rent/Mtg	Type of Building
				Square Footage (approx)
Landlord/Mortgage Company		Phone Number	Fax	
Contact Name		Alternate Phone	Landord Email	
Bank Information				
Bank name	Phone Number	City	State	Zip
Transit # (ABA Routing)		Account #		

By signing below I/We certify the above information is true and correct as set forth in this worksheet. Applicant named above hereby authorizes Premier Business Funding and/or its affiliated companies to obtain an investigative report from credit agencies and also to investigate the trade references and any other references given on this application and/or on any other documents submitted by applicant for purpose of obtaining a working capital advance.

X _____
Signature

Title

Date

X _____
Signature

Title

Date