



MOM & POP BUSINESS FUNDING APPLICATION

"MOM & POP TO THE RESCUE"

A. BUSINESS INFORMATION

| | | | |
|------------------------|----------------------|--------------------|-----------------|
| Legal/corporate name: | | DBA: | |
| Physical address: | | City: | State: Zip: |
| Business phone: | Fax: | Federal tax ID: | |
| Contact: | E-mail: | Website: | |
| Date business started: | Length of ownership: | Years at location: | # of locations: |

B. OWNERSHIP *(MUST HAVE AT LEAST 67% OWNERSHIP, IF NOT, ADD ADDITIONAL OWNERS ON ADDITIONAL APPLICATIONS)

| | | | |
|-------------------------|------------------------------------|-----------------------|-------------|
| Name: | | Contact phone number: | |
| Home address: | | City: | State: Zip: |
| Date of birth: | SSN: | | |
| % Ownership of company: | * Must have at least 67% ownership | | Title: |

C. LEASE *(LANDLORD INFORMATION)

| | | | |
|----------------|----------|--|--|
| Landlord name: | Contact: | | |
| Monthly rent: | Phone: | | |
| | | | |
| | | | |

E. BUSINESS PROFILE

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Ownership: <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC | Merchant type: <input type="checkbox"/> Retail <input type="checkbox"/> Restaurant <input type="checkbox"/> Lodging <input type="checkbox"/> Service | <input type="checkbox"/> Internet <input type="checkbox"/> Home-based <input type="checkbox"/> Automotive <input type="checkbox"/> Other _____ | Cards accepted: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

F. CASH ADVANCE

| | | |
|-------------------------------------------------------------------------------------|-------------------------------------------|----------------------------------------------|
| Amount requested: (We provide up to 2 times a companies gross monthly bank revenue) | Have you used a cash advance plan before? | |
| Average Visa/MasterCard monthly sales: | If so, what company did you use? | |
| Average gross monthly sales: | Original Balance: | Current Balance? (Provide Original Contract) |
| Average ticket size: | Current payment or daily holdback% | |

G. OTHER INFORMATION

| | |
|-----------------------------|--|
| Current processing company: | |
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H. SIGNATURE

By signing below, the Merchant and its owners/principals: (1) certify that all information on and documents submitted in connection with this Application are true, correct, and complete; and (2) authorize M&P, its agents, partners, and lenders to receive credit reports and any other information regarding the Merchant and its owners/principals from third parties, in order to verify any information provided on the Application.

| | |
|------------|-------|
| Signature: | Date: |
|------------|-------|