

# Capital for Merchants

## Receivables Purchase Application

Amount Requested \_\_\_\_\_ Intended Use of Cash Advance Proceeds \_\_\_\_\_

Legal Business Name \_\_\_\_\_ DBA \_\_\_\_\_

Ownership Structure Corporation \_\_\_ LLC \_\_\_ Partnership \_\_\_ Sole Proprietorship \_\_\_ Other (describe) \_\_\_\_\_

State of Formation (if Corporation, Limited Liability Company, Limited Liability Partnership, or Limited Partnership) \_\_\_\_\_

Business Start Date \_\_\_\_\_ Credit Card Acceptance Start Date \_\_\_\_\_ Federal Tax ID \_\_\_\_\_

Business Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (If Different) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone \_\_\_\_\_ Business Fax \_\_\_\_\_ Mobile (Cell) Phone \_\_\_\_\_

URL/ Website \_\_\_\_\_ Email Address \_\_\_\_\_

Bank Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Bank Account Number \_\_\_\_\_ Bank Routing Number \_\_\_\_\_

Business Profile Products or Services sold \_\_\_\_\_ Seasonal Business \_\_\_\_\_

Property Information Owns \_\_\_ Lease \_\_\_ Landlord Name \_\_\_\_\_ Phone \_\_\_\_\_

Date of Lease \_\_\_\_\_ Term of Lease \_\_\_\_\_ years Type of Building \_\_\_\_\_ Square Footage \_\_\_\_\_

Current Credit Card Processor \_\_\_\_\_ Merchant Account Number \_\_\_\_\_

### Method of Sales (Must equal 100%)

Card Swiped \_\_\_\_\_ Card Present – Keyed \_\_\_\_\_ Card Not Present – Keyed \_\_\_\_\_ Mail / Phone Yes / No Internet Yes / No

### Card Types Accepted

Visa Yes \_\_\_ No \_\_\_ MC Yes \_\_\_ No \_\_\_ Discover Yes \_\_\_ No \_\_\_ American Express Yes \_\_\_ No \_\_\_ Debit Yes \_\_\_ No \_\_\_

### Owner Information

Principal Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Residence Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_ How Long at This Address (years) \_\_\_\_\_

Percentage of Business Owned \_\_\_\_\_ % Drivers License # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Principal Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Residence Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_ How Long at This Address (years) \_\_\_\_\_

Percentage of Business Owned \_\_\_\_\_ % Drivers License # \_\_\_\_\_ Date of Birth \_\_\_\_\_

### Trade References

Business Name \_\_\_\_\_ Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Business Name \_\_\_\_\_ Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

The undersigned is duly authorized to sign on behalf of the Merchant and bind the Merchant to the terms and conditions set forth in this Merchant Advance Application and certifies that all information provided in this Merchant Advance Application is true, correct and complete. The undersigned, on behalf of the Merchant, authorizes Capital for Merchants LLC to make whatever inquiries it deems appropriate to investigate, verify or research statements or data obtained from Merchant for the purpose of this Merchant Advance Application.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

NAB Representative \_\_\_\_\_ Rep ID \_\_\_\_\_