

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