



# National Merchants Capital

WWW.NATIONALMERCHANTSCAP.COM

## Cash Advance Application

Email: info@nationalmerchantscap.com

☐ Application   ☐ Voided Check   ☐ Photo ID  
☐ 3 Months Processing Stmt's   ☐ 3 Months Bank Stmt's

Requested Advance Amount:

Intended Use of funds:

Business Legal Name:

Business DBA Name:

Business Physical Address:

Business Mailing Address:

Business Phone:

Business Fax:

Business Start Date:

☐ CORP   ☐ LLC   ☐ PARTNERSHIP  
☐ SOLE PROP   ☐ OTHER: \_\_\_\_\_

# of Locations:

# of Days Open/Wk:

Federal Tax ID:

Est. Annual Income:

Type of Business:

☐ Retail   ☐ Restaurant   ☐ Hotel/Lodging   ☐ Services   ☐ Internet  
☐ Wholesale   ☐ Other: \_\_\_\_\_

Website:

Business Email:

### Owner #1 Information:

Name: \_\_\_\_\_ Official Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Apt/FI: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Ownership %: \_\_\_\_\_ Are you a Citizen? \_\_\_\_\_

### Owner #2 Information:

Name: \_\_\_\_\_ Official Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Apt/FI: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Ownership %: \_\_\_\_\_ Are you a Citizen? \_\_\_\_\_

\*\*\**(Please list all other owners on a separate piece of paper – Name, Address, Title, Phone, SS#, % Ownership, Signature)*\*\*\*

### References:

Landlord / Mortgage Company: \_\_\_\_\_ ☐ Own   ☐ Rent

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Payment: \_\_\_\_\_ Lease Expiration: \_\_\_\_\_ Fax: \_\_\_\_\_

### Credit Card Processing Info:

Current Processor Name: \_\_\_\_\_ Length of Time With Processor: \_\_\_\_\_

Merchant ID#: \_\_\_\_\_ Terminal Type Used: \_\_\_\_\_ Number of Terminals: \_\_\_\_\_

### Additional Info:

Is Your Business for Sale?: \_\_\_\_\_ Average Total Monthly Sales: \$ \_\_\_\_\_ Average Monthly Visa/MC Sales: \$ \_\_\_\_\_

Average Ticket: \$ \_\_\_\_\_ Ever Had A Cash Advance? \_\_\_\_\_ If YES, With Who?: \_\_\_\_\_ Current Balance: \$ \_\_\_\_\_

Any Suits, Judgments, or Liens Open or Pending? \_\_\_\_\_ If YES Explain: \_\_\_\_\_

Owner #1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I certify that the information provided on this application is true and correct. Further I give authorization to MERCHANTS CAPITAL SERVICES, as well as it's agents, to request a credit report from any credit bureau selected by MERCHANTS CAPITAL SERVICES to assess the eligibility to participate in the Merchant Advance Program offered by MERCHANTS CAPITAL SERVICES.

Owner #2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_