

### Merchant Funding Application

SAMPLE MERCHANT APP  
Sample MCA Company  
25 Main Street  
Anytown, NY 10021

Office: 212-555-1212  
Fax: 212-555-1000

Please complete application and return to  
test@mcasuite.com as quickly as possible  
for expedient processing.

### Business Information

Please fill in the spaces below and email/ fax us the application.

Business Legal Name:		Business DBA:	
Business Address:			Suite/Floor:
City:	State:	Zip:	
Phone:	Fax:	Mobile:	
Email:		Website:	
Legal Entity: <input type="checkbox"/> Corp <input type="checkbox"/> Sole Prop <input type="checkbox"/> LLC <input type="checkbox"/> Partnership		Tax ID/SSN:	
Business Inception Date:		Company Type/Industry:	
Landlord Name:	Landlord Phone:	Time Left on Lease:	
Monthly Rent Payment:		Are you current with rent/mortgage: <input type="checkbox"/> Yes <input type="checkbox"/> No	

### Owner(s)/Principal Information

Name:		DOB:	Name		DOB:
Address:			Address:		
City:	State:	Zip:	City:	State:	Zip:
Email:			Email:		
Annual Income:			Annual Income:		
% Ownership:	SSN:	% Ownership:		SSN:	

### References Information

Trade Reference:	Contact:	Phone:
Trade Reference:	Contact:	Phone:

### Funding Information

Annual Revenue:	Average Bank Balance:	Amount Requested:
Monthly Credit Card Sales:	Gross Monthly Sales:	
Have you used a cash advance before: <input type="checkbox"/> Yes <input type="checkbox"/> No		Current Balance:
Average Ticket Amount:	Terminal/POS Type:	Number of Terminals:
Intended Use of Funds:		

**By signing below, the Merchant and its owners / principals: (1) certify that all information and documents submitted in connection with this application is true, correct and complete; and (2) authorize SAMPLE TEST MCA COMPANY, and its agents, partners, and affiliates to receive credit reports and any other information regarding the Merchant and its owners and principals from third parties, to verify any information provided on the application.**

Signature of Owner 1:	<b>[siglreq signer1]</b>	Date:
Signature of Owner 2:		Date:

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