

FUNDING APPLICATION

(Please Fill Out Completely & Fax to: 877-234-0522)

Business Capital Resources

Business Legal Name:		Phone:
Business Name/ DBA:		Fax:
Address		Years in Business:
City, State, Zip	Cell Phone:	Email:
Contact Person:	Federal ID#:	<input type="checkbox"/> I am an independent location <input type="checkbox"/> I am a franchise <input type="checkbox"/> I am a corporate-owned entity

Company Type

<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> General Partnership	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Corporation
<input type="checkbox"/> Limited Liability Corp.	<input type="checkbox"/> Non-Profit Corporation	<input type="checkbox"/> Government	<input type="checkbox"/> Tax Exempt Organization

Owners/Officers: Please provide a minimum of 51% ownership and **all** partners for Partnerships.

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each business entity that opens an account. When you open an account, we will ask for Federal Tax Identification Number, physical street address of your business, full legal name of your business and other information, including information regarding associate principals that will allow us to identify your company.

Name:	Title:	Ownership %:	Date of Birth:
Address:	City:	State:	Zip:
Home Phone:	Social Security #:	Driver's License:	Prior Bankruptcy: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	Title:	Ownership %:	Date of Birth:
Address:	City:	State:	Zip:
Home Phone:	Social Security #:	Driver's License:	Prior Bankruptcy: <input type="checkbox"/> Yes <input type="checkbox"/> No

Business Property Information

Own <input type="checkbox"/> Rent <input type="checkbox"/> Is the Business Lease/Mortgage Current? Yes <input type="checkbox"/> No <input type="checkbox"/>	How Long at Location:	Square Footage:	Monthly Rent/Mtg:
Landlord – Mortgage Company:	Contact Phone Number:		

Banking Information

Bank Name:	Account Number:	Phone ()	Fax ()	Contact Person:
Bank Name:	Account Number:	Phone ()	Fax ()	Contact Person:

Trade References

Trade Name:	Account Number:	Phone ()	Fax ()	Contact Person:
Trade Name:	Account Number:	Phone ()	Fax ()	Contact Person:
Trade Name:	Account Number:	Phone ()	Fax ()	Contact Person:

By Signing this below, the undersigned individual(s) as principal(s) of and/or guarantor(s) authorizes Business Capital Resources, its agents, its designees, assigns or potential assigns, and lending partners to review personal credit profile(s) provided by the national credit bureaus in considering this application and for the purpose of the update, renewal or extension of credit to the applicant or the collection of any resultant accounts. A fax or photocopy of this authorization shall be valid as the original.

Signature: X	Date:
Signature: X	Date: