

Sales Rep Name: _____
 Contact # _____
 Contact Email: _____

Funding Application
FAX COMPLETED APPLICATION TO: (646) 969-6990
 1000 Brickell Ave , Miami, FL, 33131



BUSINESS INFORMATION			
Business Legal Name:		Doing Business As (DBA):	
Address:		Suite/Floor:	
City:	State:	Zip:	
Phone:	Fax:	Email:	
Type of Entity:	Corporation	LLC	Other: (please describe):
Business Start Date (MM/YYYY):		Date Current Ownership Started:	
Federal Tax ID:		Website:	
Landlord Name:	Landlord Phone:	Time Left on Lease:	
Monthly Rent/Mortgage Payment:		Are You Current with Rent/Mortgage?	
OWNER INFORMATION			
Principle Owner Name:		Ownership %:	Email:
Phone:		Address:	
City:	State:	Zip:	
SSN:		Date of Birth:	
Secondary Owner Name:		Ownership %:	Email:
Phone:		Address:	
City:	State:	Zip:	
SSN:		Date of Birth:	
BUSINESS PROPERTY INFORMATION			
Business Description:		Annual Business Revenue:	
Purpose of Funds Requested:		Estimated Fico Score:	
Average Monthly Credit Card Volume:		Amount of Receivable Outstanding:	
Prior/Current Loan Company (if applicable):			
Existing Loan Balance:		Requested Advance Amount:	
Any open judgements?		Any bankruptcy?	
Any tax liens?		Is business seasonal? Yes No	
<p><i>I certify that my answers are true and complete to the best of my knowledge.</i></p> <p>The Business, Merchant, Owner(s) and/or Officer(s) identified above (each, individually, an "Applicant") each represents, warrants, acknowledges and agrees that all information and documents, including this application, provided to Capital Infusion LLC or Recipients in connection with this Possible Transaction, including bank and credit card processor statements, are accurate, true, and complete, that Recipients may rely upon the accuracy and completeness of such information and documents, and that Applicant is authorized to sign this application agreement. Applicant will immediately notify Capital Infusion LLC of any change in Applicant information or financial condition. Applicant authorizes Capital Infusion LLC and Capital Infusion LLC agents, employees, independent contractors, funding sources and other representatives ("Representatives") to disclose to other persons, entities and funding sources (each, an "Assignee") all Applicant information and documents that Capital Infusion LLC, Representatives, and Assignee (collectively, "Recipient") may obtain, including, Applicant's express authorization of Recipient to request, receive and use any credit reports, investigative reports, statements from creditors or financial institutions, verification of information, or any other information that a Recipient deems necessary and each Recipient is further authorized to use such information and documents, and share such information and documents with other Recipients in connection with the placement of commercial loans, including, without limitation, loans having daily repayment features, purchases of future receivables and/or Merchant Cash Advance transactions or other commercial loans (collectively, a "Possible Transaction"). Applicant unconditionally waives and releases all claims against Recipients in connection with a Possible Transaction, arising from any act or omission, except in the case of gross or willfully negligent conduct, including, but not limited to, relating to the requesting, receiving or release of an Applicant's information and documents in connection with a Possible Transaction. This agreement shall be governed by the Laws of New York, without giving effect to conflicts of law principals, and a copy of this agreement may be accepted as an original.</p>			
Signature of Applicant One: _____		Date: _____	
Signature of Applicant Two: _____		Date: _____	