

Cash Application

Company Information

Doing Business As		Corporation/Legal Name		Contact Name	
Physical Address			City	State	Zip Code
Mailing Address (Check box if same as above) <input type="checkbox"/>			City	State	Zip Code
Phone Number	Fax Number	Cell Phone Number	Email Address		
Products or Services Sold					
Business Category <input type="checkbox"/> Retail <input type="checkbox"/> Restaurant <input type="checkbox"/> Wholesale <input type="checkbox"/> Service <input type="checkbox"/> Lodging <input type="checkbox"/> Bar <input type="checkbox"/> Manufacturing <input type="checkbox"/> Other:					
Are Most of Your Customers: <input type="checkbox"/> Consumers <input type="checkbox"/> Other Businesses <input type="checkbox"/> Government Agencies					
Total Monthly Income (From all payment sources)		Visa/MasterCard Monthly Volume		Average Sale Amount	
Card Processing Methods: Card Present Swiped _____% (Must Equal 100%)			Mail/Phone Order _____%	Internet _____%	Is Your Business Seasonal? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Peak Months: _____
Type of Entity <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LLP <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Non Profit					
Month/Year Business Established		Length of Ownership Years Months		Number of Employees	Federal Tax ID
<input type="checkbox"/> Rent <input type="checkbox"/> Own	Square Footage	Monthly Rent / Mortgage		Term Remaining on Lease Years Months	
Landlord / Mortgage Co. Name		Contact Name	Phone Number	Fax Number	

Ownership Information

Applicant #1		Title		Percent Ownership _____%	
Home Address			City	State	Zip Code
Phone Number	Driver's License Number	State Issued	Date of Birth	Social Security Number	
Applicant #2		Title		Percent Ownership _____%	
Home Address			City	State	Zip Code
Phone Number	Driver's License Number	State Issued	Date of Birth	Social Security Number	

Bank Information

Bank Name	Phone Number	City	State	Routing Number	Account Number
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Trade References

Company	Contact	Phone	Fax

Amount Requested \$

X 1 st Applicant's Signature	Date	X 2 nd Applicant's Signature	Date
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