

Application Checklist

Customer:	
Sales Representative:	
Phone Number:	Fax Number:
When complete, send the Applica	ation and the requested information to ACFC (Fax: 734-929-3805 or Sales@AdvanceCredit.com
The following is a	a checklist to complete your Working Capital Application.
	Part I: Documents Enclosed
This section lists the following a	applications contained in this package. Please complete all the forms in full.
 Working Capital Information She 	et - 1 page
• Information Disclosure Letter - 1	page -(Landlord / Mortgage Statement, Deed, or Property Tax)
Part	II: Additional Documents Required
This section will deal with a list of r	materials we need you to provide us. Send us ALL the information listed below
• A copy of a voided check	
- If possible, please enlarge the cop	signature. (Everyone that has signed an application.) by of the driver's license before faxing. arity and expedite the application process.
•	hat shows the business owner name(s) and percentage(s) of the business owned. e Articles of Incorporation, LLC Member Agreement, Tax Return Schedule, etc)
 Most recent month's business bank 	statements - all pages
 Complete Merchant Processing Sta -We need to see the summary section 	
■ Are you currently in a cash advance	e program? • Yes • No

Once the application is conditionally approved, you will receive:

• If Yes, please include last month's statement from your current cash advance provider.

Working Capital Agreement

Merchant Processing Agreement

In order for your application to be processed in full, all items must be sent back and completed with signatures.

Should you have further questions, please contact your account executive.

Name of cash advance provider:

Business Name(s)			Worki	ing Ca	pital Infor	mati	on Sh	ieet				
Business Legal Name:								Phone #: ()			
Legal Address:								Fax #: ()			
City:		С	ounty:				State	e:	Ziı)		
Name of Account (Doing Business As):								Phone #: ())		
Physical Street Address (No PO Box):								Fax #: ()			
City:		С	ounty:				State	e:	Zip	p:		
Must Choose One Mailing Address:	· DBA Add	ress	·· Legal Address		Email Addres	ss:						
Merchant Profile (Business))											
Federal Tax ID (Social Security Number	if Sole Propri	etor):				State	e of Inco	orporation:		# of Local	tions:	
Business Open Date:	Length of C	urrent Ov	wnership:	Pr	roduct / Service	Sold:			Re	quested Amo	ount:	
Gross Monthly Sales:	Average Tic	ket:		Seaso Ye	onal Business:	Peak From	Sales N		Го:		Franchise: Yes No	
Have you used a cash advance plan befor If yes, when? Provider		·· No		Type			roprietor	r Limited	Partnershi	p Partne		
Existing American Express MID # (10 D	igits):	Existi	ing Discover MID) # (15 Di	igits):			Existing Diners				
Current Terminal Type or POS System:		Numb	per of Terminals:	POS	System Contact	Name:	:		POS Sys	tem Contact	Number:	
Landlord / Mortgage Company:			Contact Name:					Lease: Start Date:	vate: End Date:			
Monthly Rent / Mortgage Payment:			Phone #: ()				Fax #: ()			
Ownership Information Owner / Officer / Partner 1:												
First Name:			Last Name:					Title:				
Social Security Number:			Date of Birth:	/	/	Dı	rivers Li	icense Number:				
% of Ownership:		Years Th	here:			Cl	heck if y	you:	Own	· Rent	· Lease	
Residence Address:			(City:				State:		Zip:		
Phone #: ()		Mobi	le #: ()				I	Email:				
Owner / Officer / Partner 2: First Name:			Last Name:					Title:				
Social Security Number:			Date of Birth:		/	Dı	rivers I i	icense Number:				
% of Ownership:		Years Th			,	_	heck if y		Own	· Rent	·· Lease	
Residence Address:			(City:				State:		Zip:		
Phone #: ()		Mobil	le #: ()				I	Email:				
Credit Card Processing												
Sales Profile (Must Equal 100%) Car	d Swiped:	<u>%</u> +	Manually Keyed	l with Imp	orint:%	+ Ma	ail Order	r/Telephone Order	r:	<u>%</u> + Interne	et Order:%	= 100%
Does merchant accept transactions before	e the customer	receives	product or service	es? ·· Y	es "No			% of sales in	_			
How long does customer wait before produced to the second								% of cost that				
Does Merchant offer warranties, dues, su			•					Duration of ex	xtended se	rvices or ben	efits: (in weeks)	
Is the Merchant seasonal: "Yes "No	o If yes,	please list	t peak months: _	/_	/	to _		//	_			
Monthly Visa/MasterCard Volume:			Ave	rage Tick	tet:				High Tic	ket:		
Insurance Information Insurance Company:			Insurance Broker	's Nama:				Incurance	e Broker's	Phone #:		
Policy Number:			Business Interrup			es ··	No	Flood In			· No	
By signing below I/We certify the above informat		rrect as set	forth in this workshee	t. Applican	t named above here	by autho	orizes Infir	niCap Merchant Capi	ital and/or its	affiliated compa	anies to obtain an invest	igative report
from credit agencies and also to investigate the tra	ade references an	i any other i	references given on th	is application	on and/or on any otl	her docur	ments sub	mitted by applicant f	or purpose of	f obtaining a wo	rking capital advance.	
X Signature				Title	:			Pri	nt Name		_	Date
X				<u> </u>								
Signature				Title				Prii	nt Name			Date



Information Disclosure Letter

I/We grant our irrevocable permission to release our confidential information to Advance Credit Funding Corporation and/or its affiliated companies. I/We understand this information is being used for their credit/underwriting purpose only.

This permission is specifically given to:

BANK INFORMA	ATION		LANDLORD I	NFORMATION					
Bank Name: Address or Branch:		Company Name:							
		Address:							
City:	State:	Zip:	City:	State:	Zip:				
Contact Name:			Contact Name:						
Phone Number:			Phone Number:						
			1 **						
ture)			X (Signature)						
			X (Signature) (Print Name)						
	(Date	e)	(Signature)		(Date)				
Name)	(Dat	e)	(Signature) (Print Name)		(Date)				