



# 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	
Credit Card Processing Method (Must Equal 100%) <input type="checkbox"/> Card Present Swiped _____% <input type="checkbox"/> Mail Order/Phone Order _____% <input type="checkbox"/> Internet _____%					
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

Business Name	Contact Name	Phone Number	Fax Number
Business Name	Contact Name	Phone Number	Fax Number

## Funding Amount

Amount Requested \$
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<b>X</b>	<b>X</b>
1 <sup>st</sup> Applicant's Signature	2 <sup>nd</sup> Applicant's Signature
Date	Date