

SHORT FORM MERCHANT APPLICATION

Legal Business Name:	D/B/A Name:					
Physical Address:		City:	State	:	Zip:	
Business Phone:	Business Fax:		Email:			
Business Website:			Business EIN #	# :		
Est. Total Monthly Sales: \$	Est. Cr	edit Card Sales: \$_		Years in B	usiness:	
Banking Institution for Business Account(s	s):		Has this Bank Acct	been open for a	it least 90 days? 🗌 Yes 🗌 No	
Time remaining on Site Lease/Mortgage:	B	usiness Type:				
Landlord / Agent Name:			Landlord / Agent	Phone #:		
Number of Business Locations:	Type of Entity:			# of Emp	oloyees:	
Loan Amount Requested: \$		_ Intended Use o	Money:			
Is your Business for Sale? Yes No		Have you ever filed Bankruptcy? Yes No				
Do you owe any Federal or State Tax Liens	s? Yes No					
Name of Authorized Signer:	Title of Authorized Signer:					
Principal Owner Informati	<u>on</u>					
Are you a U.S. Citizen? Yes No	Ownership %:		EquiFax Credit Sc	core:		
Principal Owner Legal Name:			_ Social Security #	:	D.O.B	
Home Address:		City:	Sta	ate:	Zip:	
Home Phone:	Cell Phone:		How Long at H	ome Address:		
Own Rent		Number of years at previous address:				
BORROWER CERTIFICATIO	N AND AUTH	ORIZATION				
Your signature below indicates you have contained in this Business Loan Applicati your knowledge. You hereby give Alliance all subsequent documentation supplied to Capital. Additionally, your signature below Business Loan Application as well as all in	on, as well as all sub e Business Capital au Alliance Business Ca v authorizes Alliance	sequent documents thorization to share pital, with our Bus Business Capital, a	submitted to Allian e information gather iness / Lending Par and or our assigns, to	nce Business Cap red in this Busine tners as deemed to be verify any and a	pital, are accurate to the best of ess Loan Application, as well as necessary by Alliance Business all information contained in this	
Borrower Signature				Date		
Title						