

Phone: 800-378-5098 / Fax: 347-391-2543

Please complete, sign and fax back with 4 months credit card processing and 4 months business bank statements.

BUSINESS INFORMATION			
Legal/Corporate Name:		DBA:	
Physical Address:		City:	State: Zip:
Telephone #:	Fax #:	Federal Tax ID:	
Date Business Started:	Length of Ownership:	Website:	
Type of Entity (circle one): Sole Proprietorship Partnership Corporation LLC Other			Email Address:
Type of Business (circle all that apply): Retail MO/TO Wholesale Restaurant Supermarket Other		Product/Service Sold:	
MERCHANT/OWNER INFORMATION			
Corporate Officer/Owner Name:		Title:	Ownership %:
Home Address:		City:	State: Zip:
SSN:	Date of Birth:	Home #:	Cell #:
PARTNER INFORMATION (if merchant ownership % less than 50%)			
Partner Name:		Title:	Ownership %:
Home Address:		City:	State: Zip:
SSN:	Date of Birth:	Home #:	Cell #:
BUSINESS PROPERTY INFORMATION			
Business Landlord or Business Mortgage Bank:		Contact Name and/or Account #:	Phone #:
BUSINESS TRADE REFERENCES			
(Please list at least 3 trade suppliers. Please attach any additional references on a separate page.)			
Business Name:		Contact, Account # or Fax #:	Phone #:
Business Name:		Contact, Account # or Fax #:	Phone #:
Business Name:		Contact, Account # or Fax #:	Phone #:
Business Name:		Contact, Account # or Fax #:	Phone #:
OTHER INFORMATION			
Processing Company:		Number of Terminals:	Monthly Volume:
Requested Advance Amount:		Requested Daily Withholding:	
Prior/Current Cash Advance Company (if applicable):		Balance:	
Applicant authorizes EZ Business Cash Advance and its assigns, agents, banks or financial institutions to obtain an investigative or consumer report from a credit bureau or a credit agency and to investigate the references given on any other statement or data obtained from applicant.			
Applicant's Signature _____		Date _____	
Co-signer _____ (only needed if above is 50% or less)		Date _____	