



MERCHANTS CASH PARTNERS

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APPLICATION

1. BUSINESS INFORMATION

Form section 1: Business Information. Fields include Legal/Corporate Name, DBA, Physical Address, Mailing Address, Telephone Number, Fax Number, Federal Tax ID, Business Category (Retail, Wholesale, Restaurant, Lodging, Service, Other), Email Address, Business Start Date, Length Of Ownership, Seasonal Business?, Type Of Entity (Sole Proprietorship, Partnership, Corporation, LLC, Non Profit, LLP), and Products or Services Sold.

2. MERCHANT/OWNER INFORMATION

Form section 2: Merchant/Owner Information. Fields include Owner 1 (Title, Ownership %, Home Address, City, State, Zip, Length at Address, SSN, Date Of Birth, Home #, Cell #), Owner 2 (if applicable) (Title, Ownership %, Home Address, City, State, Zip, Length at Address, SSN, Date Of Birth, Home #, Cell #).

3. PROPERTY INFORMATION

Form section 3: Property Information. Fields include Landlord/Mortgage, Contact/Account #, Phone Number, and \$ Amount requested.

4. BUSINESS DEBT

Form section 4: Business Debt. Table with columns: LENDER (LENDER 1, LENDER 2, LENDER 3), BALANCE, and PAYMENT (Daily/weekly/ monthly).

By signing below, each of the above listed Business Owner(s)/Officer(s)/Principal(s) and Business (individually and collectively, "You") certify that all information and documents submitted in connection with this Funding Application ("Application") are accurate, true, correct and complete; and that You will immediately notify Merchants Cash Partners ("MCP") or any of its representatives, successors, assigns, designees, agents, partners or affiliates ("Recipients") of any change in such information or financial condition.

X _____
Applicant's Signature Date

X _____
Applicant's Signature Date