



50 K Working Capital MC/VS

- **Three (3) Months bank Statements (all Pages)**
- **Visa/MasterCard Statements (last 3 Months)**
- **Landlord Lease**
- **Verify Occupation of Premises during Repayment**
- **Driver's License**
- **Voided Check**
- **Articles of Incorporation**
- **Our One Page Application**

****Cash Advance over \$50k requires Full Financials****

We appreciate your choice of First Financial for your business funding needs. Funding Hotline: 800 956 7313

Sincerely,

**Cindy Watson
V.P. Finance**

MERCHANT CASH & CAPITAL

Toll Free: (800) 956-7313
E-Fax: 954-356-1085

>> Merchant cash and Capital Qualification Application

Please fill in the spaces below and mail or fax us the application. By doing so, you are giving **Merchant Cash and Capital**, as well as its agents and affiliates, permission to review your business and personal credit history in order to provide you with formal funding approval.

Business Legal Name ("Merchant")	Business DBA Name:
Business Address:	Suite/Floor:
City:	State:
Zip:	Phone: Fax:
Website:	Email:
Legal Entity: <input type="checkbox"/> Corp <input type="checkbox"/> Sole Prop <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> LLP <input type="checkbox"/> Other (please specify):	Type of Business: Type of Products/Services Offered:
Tax ID (TIN) #:	Landlord/Mortgage Company:
Amex # (if applicable):	Retn/Mortgage Payment:
Discover # (if applicable):	Landlord Contact Name:
Terminal/POS Type:	Landlord Contact Phone: Alternate Phone #:

>> Owner(s) / Principle(s) Information

Name (Primary Owner):	Name (2nd Owner):
Title : % of Ownership:	Title : % of Ownership:
Date of Birth:	Date of Birth:
Address:	Address:
City:	City:
State: Zip:	State: Zip:
SSN#:	SSN#:
Driver's License #:	Driver's License #:
Home Phone:	Home Phone:
Mobile:	Mobile:
Oter Fax:	Oter Fax:
Email:	Email:

>> Funding Information

Average Visa/MasterCard Monthly Sales:

Average Monthly Sales:

Have you used a cash advance plan before?: YES NO

If 'YES' list previous cash advance provider:

By signing below, the Merchant and its owners / principals: (1) certify that all information and documents submitted in connection with this Application is true, correct and complete; and (2) authorize Merchant Cash and Capital, its agents, partners, and lenders to receive credit reports and any other information regarding the Merchant and its owners and principals from third parties, to verify any information provided on the Application.

Customer Signature: _____ Date: _____

(For Internal Use Only)

Completed | Type Of Account:



Some unique transactions that funded in the last 60 days:

<u>Gold's Gym</u>	\$ 50,000	Owner had 562 Credit Score
<u>Bone & Joint</u>	\$ 25,000	Owner had 528 Credit Score
<u>Tanning</u>	\$ 25,000	Owner had 524 Credit Score
<u>Salon & Spa</u>	\$ 71,000	Soft Cost Funds for New 2nd Location
<u>Chiropractor</u>	\$ 10,000	Owner had 586 Credit Score
<u>Restaurant</u>	\$ 28,000	Owner had 601 Credit Score
<u>Auto Repair</u>	\$ 16,000	Owner had 557 Credit Score
<u>Medical Clinic</u>	\$ 10,000	Owners both had 622 & 541 Scores
<u>Drug Store</u>	\$ 50,000	Owner had 628 Credit Score
<u>Light Mfg.</u>	\$ 40,000	Owner had 655 Credit Score
<u>Dentist</u>	\$ 19,000	Owner had 504 Credit Score