

MERCHANT APPLICATION

QUICKEND FUNDING

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(P) 888-229-2604 (F) 888-634-9560

Funding Application

Business Legal Name ("Merchant"):	Business DBA Name:
Address:	City, State Zip:
Phone:	Fax:
Website:	Email:
Legal Entity: Corp Sole Prop LLC Partnership Other	Federal Tax ID #:
Merchant Type: Retail Restaurant Service Internet	Business Start Date:
Business Location: Store Front Office Home Other	Products/Services Sold:

Financial Information

Amount Requested: \$	Reason: Working Capital
Existing Cash Advance? Yes / No	Balance? \$
Average Gross Monthly Sales: \$	Average Monthly Deposits: \$
Average Monthly Visa/MasterCard Sales: \$	Average Monthly AMEX Sales: \$
Processing Company :	Number of Terminals:

Owner/Principal Information

Name:	Name:
Address:	Address:
City, State Zip:	City, State Zip:
Home Phone:	Home Phone:
Mobile:	Mobile:
Email:	Email:
% of Ownership:	% of Ownership:
Date of Birth:	Date of Birth:
SSN#:	SSN#:

Property Information

Own/Lease?	Lease Start Date:	Lease End Date:	Monthly Rent/Mtg: \$
Landlord/Mortgage Company:	Landlord/Mortgage Company Contact:		
Phone:	Email:		
Fax:	Type of Building:		

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; (2) authorize Quicken Funding, LLC 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; and (3) to receive an occasional promotion or offer by email or fax.

By: \_\_\_\_\_ By: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_