

Business Cash Advance Application

866- 411- 4006

www.businessfactoring.com



Agent # 402

Agent Name: Business Factoring

Directions: Please fill in the spaces provided as completely as possible. If there is more than one location please attach separate forms with additional addresses.

BUSINESS INFORMATION

Legal Business Name:		DBA: (if different)	
Business Phone:		Toll Free Number:	Fax:
Business Physical Address:			
City:		State:	Zip Code:
Email Address:		Web Site Address:	
Business Mailing Address:		City:	State: Zip Code:
Federal Tax Identification #:		State Tax Identification #:	State of Incorporation:
Date Business Established: (mm/yyyy)		Length of Ownership:	Referring Agent:
Legal Entity: Circle one C-Corporation S- Corporation Sole Proprietorship Limited Liability Partnership			
Intended Use of Funds:		Business Classification: Circle one Internet 50% Retail/50% Service Retail Restaurant Services Manufacturer, Wholesaler	
Products /Services Sold:		Monthly VISA/MC Sales:	Total Monthly Sales:

BUSINESS OWNER INFORMATION

Owner #1 Name:			Percentage of Ownership:	
Home Address:		Length of Time at Address:	Marital Status: M D S P	
City:	State:	Zip Code:	Driver's License Number:	State:
Social Security Number:		Home Phone Number:	Cell Number:	
Owner #2 Name:			Percentage of Ownership:	
Home Address:		Length of Time at Address:	Marital Status: M D S P	
City:	State:	Zip Code:	Driver's License Number:	State:
Social Security Number:		Home Phone Number:	Cell Number:	

TRADE & BANKING INFORMATION

Bank Name:		Phone Number:	Contact Person:	
Address:		City:	State:	Zip:
Largest Vendor Name:		Contact Name:		
Phone Number:	Fax:	Account #:	ABA #:	
2 nd Largest Vendor Name:		Contact Name:		
Phone Number:	Fax:	Account #:		
3 rd Largest Vendor Name:		Contact Name:		
Phone Number:	Fax :	Account #:		

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Advertising Source:	Contact Name:	Phone:
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PROCESSING INFORMATION

VISA/ MASTERCARD	% Card Swiped:	% Manually Keyed with Imprint:	% Manually Keyed w/out Imprint:	% Phone/Mail Order:	% Internet:	% Total = 100	Terminal Type:
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LANDLORD/MORTGAGE INFORMATION

Landlord Name:	Landlord Phone Number:	Landlord Fax Number:	How many years remaining on lease?
Bank Name:	Bank Phone Number:	Contact Name:	
Account Number:	Balance of Mortgage:	Monthly Payment:	

Agreement - I or an authorized agent with my permission has completed this application and certify all information is true and accurate. It is agreed that all documents furnished to Business Financial Services, Inc, (BFS), belong to them except as otherwise prohibited by applicable law and authorize BFS & its Merchant Account Processors or assigns, to access my credit report, Dunn & Bradstreet and other financial resources to verify any information or credit on my behalf, electronically or otherwise.

Signature of Business Owner or Authorized Agent: _____

Date: _____

FAX TO: 866 - 411 - 0315 or call 866 - 311 - 8838 Att: NEW APPS PROCESSING

NOTES:
