

315 East Broadway St. NW Dover, OH 44622

Phone: 866.209.7356 Fax: 888-606-8461

QuickenCapital.com

FOR OFFICE USE ONLY

Reference #:

Application for Business Cash Advance

A. BUSINESS INFORMATION

Legal/corporate name:		DBA:	
Physical address:		City:	State: Zip:
Business phone:	Fax:	Federal tax ID:	
Contact:	E-mail:	Website:	
Date business started:	Length of ownership:	Years at location:	# of locations:

B. OWNERSHIP

Name:		Home phone:	Cell phone:
Home address:		City:	State: Zip:
Date of birth:	SSN:	Driver's license #:	State issued:
% Ownership of company:	Title:	*If more than one owner, please attach additional sheet	

C. LEASE

Landlord name:	Contact:	Work phone:	Cell phone:	Fax:
Monthly rent:	Square feet:	Dates of lease start and end:		

D. TRADE SUPPLIERS

Business name:	Contact:	Phone:
Business name:	Contact:	Phone:

E. BUSINESS PROFILE

Ownership: <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC	Merchant type: <input type="checkbox"/> Retail <input type="checkbox"/> Restaurant <input type="checkbox"/> Lodging <input type="checkbox"/> Service	<input type="checkbox"/> Internet <input type="checkbox"/> Home-based <input type="checkbox"/> Automotive <input type="checkbox"/> Other _____	Cards accepted: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover
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F. CASH ADVANCE

Amount requested:	Have you used a cash advance plan before?:		
Average Visa/MasterCard monthly sales:	Company:		
Average gross monthly sales:	Original balance:	Current balance:	
Average ticket size:	Use of Proceeds:	Holdback %:	

G. OTHER INFORMATION

Current processing company:	# of terminals:
Highest volume months:	Jan. Feb. Mar. Apr. May June July Aug. Sep. Oct. Nov. Dec.
Is business seasonal?	If so, details:
Is business for sale?	If so, details:
Is business usually closed during part of the year?	If so, details:
Any open state/federal tax liens against business or owner?	If so, details:
Any lawsuits or judgments pending against business or owner?	If so, details:

H. SIGNATURE

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

Signature:	Date:
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Questions? Please call 866.209.7356 to speak with an account representative