APPLICATION

MERCHANT CASH & CAPITAL
money matters

Texas Business Development Center

(866) 258-7095 main
(800) 796-7196 fax#
cash@GoTexasBusiness.com

Merchant Cash and Capital Funding 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 approval.

Business Legal Name ("Merchant"):	**Business DBA Name:**
Address:	**Suite/Floor:**
City:	**State:**
Zip:	**Phone:**
Mobile:	**Fax:**
Website:	**Email:**
Legal Entity: ☐Corp ☐Sole Prop ☐LLC ☐Partnership	**Federal State Tax #:**
Merchant Type: ☐Retail ☐Restaurant ☐Service ☐Internet	**Date Business Started:**
Business Location: ☐Store Front ☐Office ☐Home ☐Other	**Products/Services Sold:**
Average Visa/MasterCard Monthly Sales:	**Terminal / POS System (type/quantity):**
Average Gross Monthly Sales:	**POS Company Contact Info:**
Average Ticket Size:	**Percent of Sales Keyed/ Swiped: /**
Amex #:	**Products / Services Sold:**

Business References

Trade Reference 1:	**Name:**	**Phone:**	**Landlord/Mortgage Company Contact:**	**Name:**	**Phone:**
Trade Reference 2:	**Name:**	**Phone:**	**Bank Reference:**	**Name:**	**Phone:**
Trade Reference 3:	**Name:**	**Phone:**	**Rent/Mortgage Payment:**		

Owner/Principle Information

Name:	**Name:**
Address:	**Address:**
City, State Zip:	**City, State Zip:**
Phone:	**Phone:**
Email:	**Email:**
% of Ownership:	**% of Ownership:**
Date of Birth:	**Date of Birth:**
SSN#: Current Credit Score	**SSN#:** Current Credit Score
Driver's License #:	**Driver's License #:**

Funding Information

Average Visa/MasterCard Monthly Sales: $	**Amount Requested:** $	
Average Monthly Sales: $	Average Monthly Electricity Bill $	Monthly Phone+DSL Bill $
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, 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.

When faxing back include most recent copy of your credit card processing statement (all pages, both sides)

By:_____

Fax Application & Statements To (800) 796-7196

(For Internal Use Only)

Completed:	Type Of Account:	
☐ DACA	☐ CA	☐ MSB
	☐ WTA	☐ LGE

Fax Application & Credit Card Processing Statements To: (800) 796-7196