

Business Legal Name: _____				Business DBA Name: _____			
Type of Business Entity (Check One)		<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Sole Proprietor
Does the Merchant have any other businesses with open contracts for working capital? (Check one) - <input type="checkbox"/> YES <input type="checkbox"/> NO				Estimated Current Balance: _____		State of Incorporation: _____	
Physical Street Address: _____				City: _____		State: _____	Zip Code: _____
Billing Street Address (if different than above): _____				City: _____		State: _____	Zip Code: _____
Physical Location Phone #: _____			Billing Location Phone #: _____			Preferred Contact Phone #: _____	
Industry Type: (SIC Code or Description) _____			<input type="checkbox"/> Rented <input type="checkbox"/> Mortgaged Amount: _____			Current Credit Card Processor (if applicable): _____	
Gross Annual Sales (Previous year's Tax return): _____			Business Start Date: _____			Average Monthly Credit Card Volume (if applicable): _____	
Specific Use of Funds #1: _____				Specific Use of Funds #2: _____			
Return on Investment: _____				Return on Investment: _____			
Owner/Officer Primary Contact <input type="checkbox"/>		Job Title: <input type="checkbox"/>		Email: _____			
Last Name: _____		First Name: _____		SS#: _____		Date of Birth: _____	Home Phone: _____
Street Address: _____				City: _____		State: _____	Zip Code: _____

Merchant Cell Phone# _____ Merchant Fax# _____

Landlord Name _____ Landlord Contact # _____

Business Federal Tax Id# _____ Business Website Address _____ Any Judgments/Liens? Yes No

Is your Business Seasonal? Yes No If Yes, what are the peak months? _____ Any Open Bankruptcies? Yes No

Second owner name and % of ownership _____ / _____ %

Business Trade Reference #1 _____ Phone# _____

Business Trade Reference #2 _____ Phone# _____

Business Trade Reference #3 _____ Phone# _____

Authorizations

The Merchant and Owner(s)/Officer(s) identified above (individually, an "Applicant") each represents, acknowledges and agrees that all information and documents provided to CMS Funding ("CMS") including credit card processor statements are true, accurate and complete, Applicant will immediately notify CMS of any change in such information or financial condition, Applicant waives and releases any claims against Recipients and any information-providers arising from any act or omission relating to the requesting, receiving or release of information, and each Owner/Officer represents that he or she is authorized to sign this form on behalf of Merchant. By signing below, each of the above listed business and business owner/officer (individually and collectively, "you") authorize CMS Funding ("CMS") and each of its representatives, successors, assigns and designees ("Recipients") that may be involved with or acquire commercial loans having daily repayment features or purchases of future receivables including Merchant Cash Advance transactions, including without limitation the application therefor (collectively, "Transactions") to obtain consumer or personal, business and investigative reports and other information about you, including credit card processor statements and bank statements, from one or more consumer reporting agencies, such as TransUnion, Experian and Equifax, and from other credit bureaus, banks, creditors and other third parties. You also authorize CMS to transmit this application form, along with any of the foregoing information obtained in connection with this application, to any or all of the Recipients for the foregoing purposes. You also consent to the release, by any creditor or financial institution, of any information relating to any of you, to CMS and to each of the Recipients, on its own behalf.

Owner / Officer's Name: (Print) _____

Owner / Officer's Signature: X _____

Date: _____