



Application Form

Business Information

Legal/Corporate name: _____ DBA: _____
 Federal Tax ID # _____ Business start date: _____ Business entity: LLC Sole Prop Corp Partnership
 Business address: _____ City: _____ State: _____ Zip: _____
 Preferred phone: _____ Business phone: _____ Fax: _____
 Email: _____ Website: _____

Business Profile

Industry: _____ Requested funding amount \$ _____ Purpose: _____
 Gross Annual Sales: \$ _____ Do you accept credit cards? Yes No POS Equipment provider: _____
 Any open cash advances: Yes No With whom? _____ Current balance/s: \$ _____
 Is business seasonal? Peak sales months: Jan Feb Mar Apr May Jun Jul Aug Sept Oct Nov Dec
 Any open tax liens against business or owners? Bankruptcy in last 12 months? Any open judgements?
 OWN/RENT: _____ Term on the lease _____ Monthly rent: _____ Landlord info _____

Business References

Name _____ Company _____ Phone number _____
 Name _____ Company _____ Phone number _____
 Name _____ Company _____ Phone number _____

Owner Information (Owner/ Officer/ Partner)

1st Owner: Length of ownership: _____ years % of Ownership: _____ Credit Score: _____
 Full Name: _____ D.O.B.: _____ S.S.#: _____
 Home Address: _____ City: _____ State: _____ Zip: _____
 Cell Phone: _____ Home Phone: _____ Personal Email: _____

2nd Owner: Length of ownership: _____ years % of Ownership: _____ Credit Score: _____
 Full Name: _____ D.O.B.: _____ S.S.#: _____
 Home Address: _____ City: _____ State: _____ Zip: _____
 Cell Phone: _____ Home Phone: _____ Personal Email: _____

The Merchant and Owner(s)/Officer(s) identified above (individually, an "Applicant") each represents, acknowledges and agrees that (1) all information and documents provided to Representative including credit card processor statements are true, accurate and complete, (2) Applicant will immediately notify Representative of any change in such information or financial condition, (3) Applicant authorizes Representative to disclose all information and documents that Representative may obtain including credit reports to other persons or entities (collectively, "Assignees") 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 therefore (collectively, "Transactions"), and each Assignee is authorized to use such information and documents, and share such information and documents with other Assignees, in connection with potential Transactions, (4) Representative and each Assignee will rely upon the accuracy and completeness of such information and documents, (5) Representative, Assignees, and each of their representatives, successors, assigns and designees (collectively, "Recipients") are authorized to request and receive any investigative reports, credit reports, statements from creditors or financial institutions, verification of information, or any other information that a Recipient deems necessary, (6) 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 (7) each Owner/Officer represents that he or she is authorized to sign this form on behalf of Merchant. A copy of this authorization may be accepted as an original. The term "Representative" shall mean any funding source looking to offer, make available, or provide to the Merchant access to loans or merchant cash advances based on such Merchant's future receivables or sales and/or structured with a periodic repayment feature.

Owner Signature: _____ Date: _____
 Co-owner Signature: _____ Date: _____

Premier Capital Funding

Send the signed application together with
 - 3 last business bank statements and
 - 4 last merchant CC statements (if applicable)
 by email or fax to 877-340-9184

2715 Coney Island Ave 3rd Floor
 Brooklyn, NY 11235
 877-563-4226, Fax 877-340-9184
 Info@premiercapitalfunding.com
 Website: www.premiercapitalfunding.com