

Working Capital Worksheet (all fields required)

Business Name(s)		Merchant Profile (Business)			
Business Legal Name:		Bus. Open Date:	Length of Current Ownership:	# of Locations:	
Business Name/DBA:		Have you used a cash advance plan before? If so, when?		Y N Provider?	
Business Address:		Gross monthly sales:	Average Ticket:	Product/Service Sold:	
City, State, Zip:		Seasonal Sales? Yes No	Peak Sale Months: From To		
Contact Name:		Type of Entity: Sole Proprietor LLP LLC Partnership (please circle) Corporation Limited Partnership			
Phone #: ()	Fax #: ()	State of Incorporation:		Federal Tax ID (SS # if Sole Proprietor):	
Email Address:	Web Address:	Existing American Express MID # (10 digits): Existing Discover MID # (15 digits):			
Physical Address (if different from mailing address):		Current Credit Equipment or POS System:	POS System Contact Name & Number:		
Contact Name:		Own or lease business location (please circle) Lease start date?		Own Lease Lease expires?	
Phone #: ()	Fax #: ()	Landlord/Mortgage Company:	Monthly rent/mortgage payment:		
Email Address:	Web Address:	Landlord/Mortgage Company Contact Name:	Phone #:	Fax #:	

Ownership Information

Owner/Officer/Partner 1

Name:		Title:		% of Ownership:	
Residence Address:		City:	State:	Zip:	
Years There?	Own	Rent	Lease		
Phone #:	Mobile #:		Email:	Social Security #:	

Owner/Officer/Partner 2

Name:		Title:		% of Ownership:	
Residence Address:		City:	State:	Zip:	
Years There?	Own	Rent	Lease		
Phone #:	Mobile #:		Email:	Social Security #:	

Business References

Name:	Contact:	Phone #:	Fax #:	
Name:	Contact:	Phone #:	Fax #:	
Name:	Contact:	Phone #:	Fax #:	

Bank Reference

Bank Name:	Bank Contact:	Phone #:	Fax #:	
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By signing below I/We certify the above information is true and correct as set forth in this checklist.

Signature	Title	Name (Print)	Date
Signature	Title	Name (Print)	Date

* Note: A voided check and a legible copy of your driver's license needs to be attached.