

Business Funding Application

BUSINESS INFORMATION

| | | | |
|---|-------------------------|--|----------------|
| Legal Business Name: | | DBA (if different): | |
| Legal Entity: <input type="checkbox"/> Corp <input type="checkbox"/> LLC <input type="checkbox"/> Sole Prop <input type="checkbox"/> LP <input type="checkbox"/> Other | | Date Business Established: (MM/DD/YYYY): | |
| Business Classification: <input type="checkbox"/> Retail <input type="checkbox"/> Restaurant <input type="checkbox"/> Services <input type="checkbox"/> Manufacturer/Wholesaler <input type="checkbox"/> Internet <input type="checkbox"/> Mail Order/Telephone Order | | | |
| Physical Address: | | | |
| Mailing Address: | | | |
| Business Phone: | | Business Fax: | Cell: |
| E-Mail: | | Tax ID Number | |
| Property Ownership: <input type="checkbox"/> Lease <input type="checkbox"/> Own | Years in Control: _____ | Months in Control: _____ | Products Sold: |
| Landlord / Mortgage Company Name: | | Landlord Contact Name: | |
| Landlord / Mortgage Company Phone: | | Rent / Mortgage Payment: \$ | |
| Has the business or any principal ever filed for Bankruptcy Protection? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Are there any pending, threatened, or recently filed claims, judgments or tax liens against the business or any principals? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

OWNER / PRINCIPAL INFORMATION

| | | |
|---------------------------|-----------------------|---------------------|
| Name: | Title: | % of Ownership: |
| Home Address: | | |
| Home Phone: | Cell Phone: | |
| E-Mail: | | |
| Date of Birth (MM/DD/YY): | Social Security # | Approx Credit Score |
| Drivers License #: | Drivers License State | |

OWNER / PRINCIPAL INFORMATION

| | | |
|---------------------------|-------------------|---------------------|
| Name: | Title: | % of Ownership: |
| Home Address: | | |
| Home Phone: | Cell Phone: | |
| E-Mail Address: | | |
| Date of Birth (MM/DD/YY): | Social Security # | Approx Credit Score |

COMPANY INFORMATION

| | | |
|---|-------------------------|------------------------|
| Average Monthly Card Sales: \$ | Total Monthly Sales: \$ | Annual Gross Sales: \$ |
| Desired Funding Amount: \$ | Use of Funds: | |
| Current Loan/Advance Balance? <input type="checkbox"/> Yes: *Balance \$ _____ Held With: _____ <input type="checkbox"/> No Current Loan/Advance | | |

TRADE REFERENCES

| COMPANY (Largest Vendors) | CONTACT NAME | CONTACT PHONE NUMBER |
|---------------------------|--------------|----------------------|
| | | |
| | | |
| | | |

By signing below, the Merchant and its Owners / Principals certify that all information and documents submitted in connection with this Application are true, correct and complete. Additionally, we authorize National Business Alliance LLC and each of its representatives or affiliates to obtain and use consumer and/or personal, business and investigative reports including credit card processor statements and bank statements, from one or more consumer reporting agencies, and any other information regarding the Merchant and its Owners and Principals from third parties, to verify any information provided on the Application that may be involved with or acquire commercial loans having daily repayment features or purchases of future receivables including Merchant Cash Advance transactions.

Owner/
Principal Signature: _____
Print Name: _____

Co-Owner/
Co-Principal Signature: _____
Print Name: _____