

24HR

FAST FUNDING CAPITAL

MERCHANT APPLICATION

By filling out this application you are giving United Capital Source LLC, and it's agents and affiliates, permission to review your business and personal credit history in order to provide you with formal funding approval.

SEND TO: **Your Agent :**
Bernard Njoukam

Phone :
801-683-5159

By Email :
application@24hrfastfunding.com

BUSINESS INFORMATION

Business Legal Name (Merchant)
 Business DBA Name
 Business Address Suite/Floor
 City State Zip
 Phone Mobile Fax
 Email Address Website

Description of Business
 Legal Entity
 Corporation Sole Prop. LLC Partnership
 Fico Score Federal Tax ID
 Date Business Started Length of Ownership
 Landlord/Mortgage Company Rent/Mortgage Payment
 Landlord Contact Name Landlord Contact Phone

FUNDING INFORMATION

Amount Requested
 Average Visa/Mastercard Monthly Volume
 Average Gross Monthly Sales
 Have you ever used a cash advance before?
 No Yes (Please answer the following)
 With who? Current Balance
 Average Ticket Size
 Amex MID# Discover MID#
 Terminal/POS System (type/quantity)
 Products/Services Sold

OWNER/PRINCIPAL INFORMATION

Name
 Home Address
 City State Zip
 Phone Mobile Fax
 Email Address % of Ownership
 Date of Birth SS#

ADDITIONAL OWNER INFORMATION

Name
 Home Address
 City State Zip
 Phone Mobile Fax
 Email Address % of Ownership
 Date of Birth SS#

BUSINESS REFERENCE

Trade Reference 1
 Trade Reference 2
 Trade Reference 3
 Bank Reference

SIGNATURE

DATE

his Application, the Merchant and it's mation and documents submitted in connection and (2) authorize 24hr Fast Funding Capital, it's creditreports and any other information nd principals fromthird parties, to verify any

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