

# Cash Advance Financing Program

## Qualification Application

Agent #

877-411-6691 x 357 www.retailfactors.com



RETAILFACTORS.COM

**Directions: Please fill in the spaces provided as completely as possible. If there is more than one location please attach separate forms with additional addresses.**

### BUSINESS INFORMATION

Legal Business Name:		DBA: (if different)		
Business Phone:		Toll Free Number:	Fax:	
Business Physical Address:				
City:		State:	Zip Code:	
Email Address:		Web Site Address:		
Business Mailing Address:		City:	State:	Zip Code:
Federal Tax Identification #:		State Tax Identification #:	State of Incorporation:	
Date Business Established: (mm/yyyy)		Length Of Ownership:		
Legal Entity: <b>Circle one</b> C-Corporation S- Corporation Sole Proprietorship Limited Liability Partnership				
Intended Use of Funds:		Business Classification: <b>Circle one</b> Internet, 50% Retail/50% Service Retail, Restaurant, Services, Manufacturer, Wholesale		
Products Services Sold:		Monthly VISA/MC Volume:	Total Monthly Sales:	

### BUSINESS OWNER INFORMATION

<b>Owner #1 Name:</b>			Percentage of Ownership:	
Home Address:		Length of Time at Address:	Marital Status: <b>M D S P</b>	
City:	State:	Zip Code:	Driver's License Number:	State:
Social Security Number:		Home Phone Number:	Cell Number:	
<b>Owner #2 Name:</b>			Percentage of Ownership:	
Home Address:		Length of Time at Address:	Marital Status: <b>M D S P</b>	
City:	State:	Zip Code:	Driver's License Number:	State:
Social Security Number:		Home Phone Number:	Cell Number:	

### TRADE & BANKING INFORMATION

Bank Name:		Phone Number:		Contact Person:	
Address:		City:		State:	Zip:
Largest Vendor Name:		Contact Name:			
Phone #:	Fax #:	Account #:		ABA #:	
2 <sup>nd</sup> Largest Vendor Name:		Contact Name:			
Phone #:	Fax #:	Account #:			
3rd Largest Vendor Name:		Contact Name:			
Phone #:	Fax #:	Account #:			

