

4-Months of Bank statements (most recent)  
 4-Months of Credit Card statements (most recent)  
 Copy of Driver License  
 Void Check



**T: (833)MER-FIRM**  
**F: (877) 941-8554**

Please fax application to:  
 (877) 941-8554

**FIRST US FUNDING CASH ADVANCE APPLICATION**

**BUSINESS INFORMATION**

Legal/Corporate Name:		DBA:	
Physical Address:		City:	State: Zip:
Telephone #:	Fax #:	Federal Tax ID:	
Date Business Started:	Uy kr g" :	Website:	
Type of Entity (check one): Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other <input type="checkbox"/>			Email Address:
Type of Business (check all that apply): Retail <input type="checkbox"/> MO/TO <input type="checkbox"/> Wholesale <input type="checkbox"/> Restaurant <input type="checkbox"/> Supermarket <input type="checkbox"/> Other <input type="checkbox"/>		Product/Service Sold:	

**MERCHANT/OWNER INFORMATION**

Corporate Officer/Owner Name:		Title:	Ownership %:
Home Address:		City:	State: Zip:
SSN:	Date of Birth:	Home #:	Cell #:

**PARTNER INFORMATION**

Partner Name:		Title:	Ownership %:
Home Address:		City:	State: Zip:
SSN:	Date of Birth:	Home #:	Cell #:

**BUSINESS PROPERTY INFORMATION**

Business Landlord or Business Mortgage Bank:	Contact Name and/or Account #:	Phone #:
Monthly Rent or Mortgage:	Is Business Current with Rent/Mtge? YES: NO:	If not how many months Past Due:

**BUSINESS TRADE REFERENCES**  
 (Please list at least 2 trade suppliers. No personal references)

Business Name:	Contact, Account # or Fax #:	Phone #:
Business Name:	Contact, Account # or Fax #:	Phone #:
Account DDA #:	Routing #:	Bank Name:

**OTHER INFORMATION**

Credit Card Processing Terminal(s)/Software Model:	Number of Terminals:	Monthly AVG Ticket	Avg Monthly Vol	High Ticket Vol
Requested Advance Amount:	Do you accept: Visa/MasterCard <input type="checkbox"/> Amex <input type="checkbox"/> Discover <input type="checkbox"/> Debit <input type="checkbox"/> EBT <input type="checkbox"/>			
Prior/Current Cash Advance Company Yes <input type="checkbox"/> No <input type="checkbox"/>	Balance if applicable (if application):		SIC / MCC	

**SIGNATURE**

Applicant authorizes First Us Funding, its assigns, agents, banks or financial institutions to obtain an investigative or consumer report from a credit bureau or a credit agency and to investigate the references given on any other statement or data obtained from applicant. Applicant, by signing below, represents that all the information is complete and accurate.

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Sales Rep