

Please fill in the form below and email or fax your completed application to the email or fax number listed above. By signing below, you certify that all information and documents submitted in connection with this application are true, correct, and accurate. Incomplete applications will not be processed.

BUSINESS CONTACT INFORMATION	
Business Legal Name:	
DBA:	
Address:	Suite/Fl:
City:	
State:	Zip:
Business Phone:	
Website:	

FINANCIAL INFORMATION
Annual Business Revenue:
Avg. Monthly Credit Card Volume:
Number of Business Bank Accounts:
Average Daily Bank Balance:
Do you have any outstanding loans or advances? <input type="checkbox"/> Yes <input type="checkbox"/> No
Outstanding Loan/Advance Balance:
Amount Requested:
Purpose of funds requested:

OWNER / PRINCIPAL INFORMATION (Owner 1)	
Name:	
Date of Birth:	
Home Address:	
City:	State:
Zip:	SSN:
Email:	
Mobile:	Percent Ownership:
Are you a: <input type="checkbox"/> US Citizen <input type="checkbox"/> US Permanent Resident <input type="checkbox"/> Other	

BUSINESS INFORMATION	
Legal Entity: <input type="checkbox"/> Corp <input type="checkbox"/> Sole Prop <input type="checkbox"/> LLC <input type="checkbox"/> Partnership	
State of Organization:	Federal Tax ID:
Business Start Date (MM/YYYY):	
Industry Description/SIC:	
Type of Product/Service Sold:	
Was Business Purchased from a Previous Owner? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date Current Ownership Started:	

PROPERTY DETAILS
Do you own the business property? <input type="checkbox"/> Rent <input type="checkbox"/> Mortgage <input type="checkbox"/> Own-Outright
Monthly Rent/Mortgage:
Are you current with rent/mortgage? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Landlord Name:
Landlord Phone:
Remaining length of lease:

OWNER / PRINCIPAL INFORMATION (Owner 2)	
Name:	
Date of Birth:	
Home Address:	
City:	State:
Zip:	SSN:
Email:	
Mobile:	Percent Ownership:
Are you a: <input type="checkbox"/> US Citizen <input type="checkbox"/> US Permanent Resident <input type="checkbox"/> Other	

(If additional Owners/Principals, please attach that information to this application.)

Authorizations: By signing below, each of the above listed business and business owners (individually and collectively, "you") authorize FORA FINANCIAL, LLC ("FF") and its affiliates, successors, assigns and designees ("Recipients") to obtain consumer, personal and business reports and other information about you, including credit card processor statements and bank statements, from one or more consumer reporting agencies, such as TransUnion, Experian and Equifax, and from other credit bureaus, banks, creditors and other third parties. You also authorize FF to transmit this Application, along with any information obtained in connection with this Application, excluding consumer credit reports, to any or all of the Recipients. Further, you give FF, or an agent acting on its behalf, permission to call and/or send you text/SMS messages at the phone number(s) provided above, including your wireless number, using an automated telephone dialing system or other similar system for marketing purposes.

Payments to Independent Sales Organizations ("ISOs"): Some transactions funded by FF are originated by third-party ISOs who act as brokers. FF compensates ISOs based on the amount of the advance a referral merchant obtains from FF and, in some cases, the rate paid by the merchant.

Notice: If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial within 30 days of FF receiving your request for the statement. To obtain the statement, please contact FF at the above address or phone number within 60 days from the date you are notified of the credit decision. The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is the Federal Trade Commission, 600 Pennsylvania Ave. NW, Washington, DC 20580.

 **Owner 1 Signature:** _____  **Date:** _____

 **Owner 2 Signature:** _____  **Date:** _____