FINANCE SOLUTIONS OF AMERICA

BUSINESS INFORMATION

Legal/Corporate Name		DBA	
Physical Address		City	State / Zip Code
Mailing Address (If different from physical address)		City	State / Zip Code
Telephone Number ( ) -	Date Business Started (month/day/year) / /	State of Incorporation	Federal Tax ID
Fax Number ( ) -	Hours of Operation	Product/Service Sold	
Type of Entity (Select One) ☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ LLC ☐ Other		Email Address	
Type of Business (Select One) ☐ Retail ☐ Wholesale ☐ Business Services ☐ Consumer Services ☐ Restaurant/Bar ☐ Other		Website Address	

MERCHANT/OWNER INFORMATION

Corporate Officer/Owner Name	Title		Length of Ownership Years Months	
Home Address	City	State	Zip Code	Ownership %
Date of Birth(month/day/year) / /	Social Security Number - -	Home Phone Number ( ) -	Cell Phone Number ( ) -	

PARTNER INFORMATION

Corporate Officer/Owner Name	Title		Length of Ownership ____ Years and ____ Months	
Home Address	City	State	Zip Code	Ownership %
Date of Birth(month/day/year) / /	Social Security Number - -	Home Phone Number ( ) -	Cell Phone Number ( ) -	

BUSINESS PROPERTY INFORMATION

Own/Lease	Time at This Location Years Months	Monthly Rent or Mortgage $	Date Lease Ends(month/day/year) / /
Business Landlord or Mortgage Bank	Contact Name and/or Account No.		Office/Mobile Number ( ) -

BUSINESS TRADE REFERENCES

Business Name	Contact or Account Number	Phone Number ( ) -	Fax Number ( ) -
Business Name	Contact or Account Number	Phone Number ( ) -	Fax Number ( ) -

OTHER INFORMATION

Current Processing Company	No. of terminals	Average Monthly Credit Card Sales $	Average Monthly Total Sales (Cash, Check, and Credit) $
Requested Advance Amount $	Requested Daily Withholding (% of credit card receipts) %	Highest Volume Months (please circle months, or N/A if no seasonality) Jan Feb Mar Apr May June July Aug Sep Oct Nov Dec N/A	
Prior/Current Cash Advance Company *(if applicable)*	Current Balance $ *(if applicable)*	Do you usually close the business during part of the year? ☐ Yes ☐ No Details:	
Any open State/Federal Tax Liens Against Business or Owner? ☐ Yes ☐ No Details:		Any Lawsuits or Judgments Pending against Business or Owner? ☐ Yes ☐ No Details:	

I hereby represent that all of the above information is true and understand that making false statements might be considered fraud. By providing the above information,the applicant(s) authorize you to whom this application is made or your agents to investigate my/our financial responsibility and credit worthiness, specifically principal and corporate entities, and will provide financial statements, tax returns, etc. as you deem necessary. A photocopy of this authorization will be deemed as acceptable for release of credit information. I/we authorize Finance Solutions LLC to receive pertinent information regarding the commercial lease for the above referenced location from my leasing company and/or agent. I/we authorize you to update my/our credit profile from time to time in the future as you deem appropriate.

_____	___/___/_____	_____	___/___/_____
Applicant's Signature	Date	Co-Signature	Date

PLEASE ATTACH A COPY OF THE FULL TEXT OF YOUR LAST SIX MONTHS BUSINESS BANK STATEMENTS

Submitted by _____ Date:_____