



BUSINESS INFORMATION

Legal Business Name:		DBA (if different):	
Legal Entity: <input type="checkbox"/> Corp <input type="checkbox"/> LLC <input type="checkbox"/> Sole Prop <input type="checkbox"/> LP <input type="checkbox"/> Other _____		Date Business Established: (MM/DD/YYYY):	
Business Classification: <input type="checkbox"/> Retail <input type="checkbox"/> Restaurant <input type="checkbox"/> Services <input type="checkbox"/> Manufacturer/Wholesaler <input type="checkbox"/> Internet <input type="checkbox"/> Mail Order/Telephone Order			
Physical Address:			
Mailing Address:			
Business Phone:		Business Fax:	Mobile:
E-Mail:		Website:	
Tax ID Number or Business Number:		Terminal/POS Make/Model:	
Property Ownership: <input type="checkbox"/> Lease <input type="checkbox"/> Own	Years in Control: _____	Months in Control: _____	Products Sold:
Landlord/Mortgage Company Name:		Landlord Contact Name:	
Landlord/Mortgage Company Phone:		Rent / Mortgage Payment: \$	
Has the business or any principal ever filed for Bankruptcy Protection? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are there any pending, threatened, or recently filed claims, judgments or tax liens against the business or any principals? <input type="checkbox"/> Yes <input type="checkbox"/> No	

OWNER / PRINCIPAL INFORMATION

Name:		Title:	% of Ownership:
Home Address:			
Home Phone:		Cell Phone:	
E-Mail:			
Date of Birth (MM/DD/YY):		Social Security	
Drivers License #:		Drivers License State	

OWNER / PRINCIPAL INFORMATION

Name:		Title:	% of Ownership:
Home Address:			
Home Phone:		Cell Phone:	
E-Mail Address:			
Date of Birth (MM/DD/YY):		Social Security	
Drivers License #:		Drivers License State	

COMPANY INFORMATION

Average Monthly Card Sales: \$	Total Monthly Sales: \$	Annual Gross Sales: \$
Desired Funding Amount: \$		Use of Funds:
Current Loan/Advance Balance? <input type="checkbox"/> Yes: *Balance \$ _____ Held With: _____ <input type="checkbox"/> No Current Loan/Advance		

TRADEREFERENCES

COMPANY (Largest Vendors)	CONTACT NAME	CONTACT PHONE NUMBER

By signing below, the Merchant and its Owners / Principals certify that all information and documents submitted in connection with this Application are true, correct and complete. Additionally, I authorize Brickell Capital Finance or any of its agents, partners, and affiliates to (1) obtain and use non-business consumer credit reports and any other information regarding the Merchant and its Owners and Principals from third parties, to verify any information provided on the Application; and (2) to obtain the 12 most recent monthly reports detailing Merchant's payment card processing activity from its card processor or any agent or other third party utilized by that processor to authorize, clear and/or settle payment card payments. The products offered by Brickell Capital Finance can be either Business Loans or Merchant Cash Advances. These Products are not consumer loans. Business Loans provided by third parties and subject to lender approval.

Owner/ Principal Signature: _____	Co-Owner/ Co-Principal Signature: _____	Date _____
Print Name: _____	Print Name: _____	Date _____



General Authorization

To Whom It May Concern:

I/we _____ (Business owner(s) / Principal(s),
hereby authorize the release of any and all information pertaining to my/our business known as:
_____ (Legal Name of Business / DBA), as
requested by Brickell Capital Finance or any of their affiliates, agents, representatives in connection with my/our application.

This General Authorization also serves as instruction to any person to release the requested information, including but not limited to: deposit accounts, merchant accounts, payment cards processing accounts, credit references/verifications, payment history, balance, status, etc.

The undersigned hereby consent(s) to Brickell Capital Finance to obtain and use non-business consumer credit reports on the undersigned in order to further evaluate the undersigned as principal(s), member(s), partner(s), proprietor(s) and/or guarantor(s) and to obtain and use business information from, but not limited to, credit report bureaus, Dun & Bradstreet or its equivalent, public records, UCC or PPSA Holders, banks, financial institutions, landlords, vendors, suppliers, etc.

I/we attest that the information submitted in the application is correct to the best of my/our knowledge and has been submitted voluntarily.

A photocopy or facsimile of this authorization shall be deemed to be the equivalent of an original.

Owner/Principal Print Name

Owner/Principal Print Name

Owner/Principal Signature

Owner/Principal Signature

Date

Date

Business Name _____

Business Address _____

Business Phone _____



PLEASE ANSWER THE FOLLOWING QUESTIONS

% of Business Ownership?	
How many employees do you have (W-2)?	
Do you pay yourself a salary from the business (W-2)?	
If yes, how much is your annual salary?	
Do you have any outstanding <u>business</u> debts? Please list below.	
Do you own or rent your home?	
How long have you lived at present address?	
How much is your monthly mortgage or rent payment for your primary residence?	
Have you ever been convicted of a crime?	
What is the value of your <u>personal</u> cash balances?	
What is the value of your personal retirement balances (401K, IRA, Pension, etc.)?	
What is the value of your stocks, bonds or securities?	

PLEASE LIST BUSINESS DEBTS

CREDITOR NAME	BALANCE	MO. PAYMENT	CREDIT LIMIT	ORIGINATION DATE	DO YOU PLAN TO REFINANCE THIS DEBT WITH THIS LOAN?	USE OF FUNDS

*For the purpose of this application, Credit Limits only refers to the limit of funds available on revolving lines of credit, credit cards or other kinds of revolving credit or debt.