



The 3 Minute Merchant Application



MERCHANT INFORMATION:

Legal Business Name: _____ DBA Name: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Business Phone: (____) _____ - Business Fax: (____) _____ - Email: _____

Ttl Monthly Sales (cc & cash): _____ Type of Business: _____ Years in Business: _____ Business Open Date: _____

Time Remaining on Site Lease/Mort.: _____ Landlord/Agent Name: _____ Landlord/Agent Phone#: _____

Number of Locations: _____ 9-Digit Federal Tax ID number: Is your business for sale? Yes No

Amount Requested: _____ Have you ever filed for bankruptcy? Yes No

Intended Use of Cash Advance: _____ Do you have any federal or state tax liens? Yes No

Have you previously had a cash advance? Yes No If yes, please supply payoff confirmation. Is your business seasonal? Yes No

CREDIT CARD PROCESSOR INFORMATION:

Current Processor: _____ Merchant Account Number: _____

Terminal Type currently used: _____ Number of Terminals at Location: _____

Length of Time with Current Processor: Years _____ Months _____

PRINCIPAL OWNER INFORMATION:

Principal Owner Name: _____ Social Security Number: -- D.O.B.: ____/____/____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ - Mobile: (____) _____ - % Ownership _____

How Long at Home Address: _____ Number of years at previous home address: _____ Estimated Current Annual Income \$ _____

2nd Owner Name: _____ Social Security Number: -- D.O.B.: ____/____/____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ - Mobile: (____) _____ - % Ownership: _____

How Long at Home Address: _____ Number of years at previous home address: _____ Estimated Current Annual Income \$ _____

PLEASE FAX THE FOLLOWING TO: _____

_____ COMPLETED THREE MINUTE APPLICATION _____ YOUR LAST FOUR (4) MONTHS OF VISA/MASTERCARD STATEMENTS

Sales Staff Information

Merchant ID: _____ Rapid Advance Sales: _____

Sales Person: _____ Partner ID: _____