

BUSINESS INFORMATION

Legal/Corporate Name:		DBA:	
Physical Address:		City:	State: Zip:
Telephone #	Fax #:	Federal Tax ID:	
Date Business Started:	Length of Ownership:	Website:	
Type of Entity (circle one): Sole Proprietorship Partnership <u>Corporation</u> LLC Other		Email Address:	
Type of Business (circle all that apply): Retail MO/TO Wholesale Restaurant Supermarket Other		Product/Service Sold:	

MERCHANT/OWNER INFORMATION

Corporate Officer/Owner Name:		Title: President	Ownership %: 100
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 #:
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BUSINESS TRADE REFERENCES

(Please list at least 3 trade suppliers. Please attach any additional references on a separate page.)

Business Name:	Contact, Account # or Fax #:	Phone #:
Business Name:	Contact, Account # or Fax #	Phone #:
Business Name:	Contact, Account # or Fax #:	Phone #:

OTHER INFORMATION

Credit Card Processing Terminal(s)/Software Model:	Number of Terminals:	Avg. Monthly Credit Card Volume	Avg. Monthly Gross Sales Volume
Requested Advance Amount:		Do you Accept: Visa/MasterCard Amex Discover Debit EBT Please circle all that apply.	
Prior/Current Cash Advance Company (if applicable): On Deck		Balance:	Underwriter Use Only Split Funds __ ACH __

Applicant(s) authorizes Blade Funding Inc and 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's Signature_____
Date_____
2nd Applicant's Signature_____
Date