

Small Business Funders
Ph: (855) 723-8633
Fax: (888) 315-8546
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**SEND WITH 4 MONTHS MERCHANT STATEMENT
AND 4 MONTHS BANK STATEMENTS**

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 Corporation 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:	Ownership %:
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 Name and/or Account #:	Phone #:
Business Name:	Contact Name and/or Account #:	Phone #:
Business Name:	Contact Name and/or Account #:	Phone #:
Business Name:	Contact Name and/or Account #:	Phone #:

AGENT USE ONLY

Processing Company:	Number of Terminals:	Terminal Type
Requested Advance Amount:	Requested Daily Withholding:	Monthly Volume:
Prior/Current Cash Advance Company (if applicable):	Balance:	

Applicant authorizes Yellowstone Capital 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 _____