

Trade Lender

1a. BUSINESS / ORGANIZATION INFORMATION

Legal/Corporate Name: <i>(filing name as shown on Income Tax Return)</i> (hereinafter "Merchant")		Trading/DBA (Doing Business As) Name:	
Federal Tax ID: <i>(as shown on Income Tax Return)</i>		Entity Type: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Tax Exempt (501c) <input type="checkbox"/> Other	
TIN Type: <input type="checkbox"/> SSN <input type="checkbox"/> EIN <i>(Fed Tax ID)</i>	<input type="checkbox"/> I certify that I am foreign entity/nonresident <i>(if checked, please attach IRS Form W-8)</i>	State Registered:	Date Registered:

1b. BUSINESS / ORGANIZATION CONTACT AND LOCATION INFORMATION

Legal/Mailing Street Address:		What is your current cash advance balance, if any?:	
City:	State:	Zip Code:	How do you pay back? Current need for proceeds?
Customer Service Phone:	Customer Service Email:	How much cash do you need?	Current Credit Card Processor?
Business Email Address:	Gross Annual Sales: Avg. Monthly Credit Card	Volume:	
Business Website:	Landlord Name	Landlord Number:	
Send Requests to: <input type="checkbox"/> Legal Address <input type="checkbox"/> Location Address	Do you have any judgments or liens?		
Send Statements to: <input type="checkbox"/> Legal Address <input type="checkbox"/> Location Address			

2. OWNER / OFFICER INFORMATION (Equity ownership MUST be 51% or greater. If MORE than two owners are required, please attach additional page.)

Owner 1 Legal Name <i>(First, MI, Last)</i> :	% Owned	Owner 2 Legal Name <i>(First, MI, Last)</i> :	% Owned
Residential Street Address <i>(No P.O. Box)</i> :	Home Phone #:	Residential Street Address <i>(No P.O. Box)</i> :	Home Phone #:
City:	State:	Zip Code:	City:
State:	Zip Code:	City:	State:
Social Security Number:	Date of Birth:	Prior Bankruptcy?	Social Security Number:
		<input type="checkbox"/> No <input type="checkbox"/> Yes	Date of Birth:
			Prior Bankruptcy?
			<input type="checkbox"/> No <input type="checkbox"/> Yes
Driver's License Number:	State Issued:	Driver's License Number:	State Issued:

3. BANK INFORMATION (A bank letter or voided check -NO starter checks- MUST be attached.)

Bank Name:	Account Number:
Routing Number:	Bank Address:
Account Type: <input type="checkbox"/> Business <input type="checkbox"/> Personal	Bank Representative Name:
	Phone:
	Email:

4. ACCEPTANCE OF MERCHANT FINANCING APPLICATION & AGREEMENT TERMS & CONDITIONS AUTHORIZATION.

The Merchant and Owner(s)/Officer(s) Identified above (individually, an "Applicant") each represents, acknowledges and agrees that (1) all information and documents provided to Trade Lender, LLC, including credit card processor statements are true, accurate and complete, (2) Applicant will immediately notify Trade Lender of any change in such information or financial condition, (3) Applicant authorizes Trade Lender to disclose all information and documents that Trade Lender may obtain including credit reports to other persons entities (collectively, "Assignees") that may be involved with or acquire commercial loans having daily repayment features or purchases of future receivables including Trade Lender transactions, including without limitation the application therefor (collectively, "Transactions") and each Assignee is authorized to use such information and documents with other Assignees, in connection with potential transactions, (4) each Assignee will rely upon the accuracy and completeness of such information and documents, (5) Trade Lender Assignees, and each of their representatives, successors, assigns and designees (collectively, "Recipients") are authorized to request and receive and investigative reports, credit reports, statements from creditors or financial institutions, verification of information, or any other information that a Recipient deems necessary, (6) Applicant waives and releases any claims against Recipients and any information-providers arising from any act or omission relating to the requesting, receiving or release of information, and (7) each Owner/ Officer represents that he or she is authorized to sign this form on behalf of Merchant.

AUTHORIZED MERCHANT OWNER(S)/OFFICER(S):

PRINT OFFICER/OWNER NAME: _____ SIGNATURE: _____ DATE: _____
 PRINT OFFICER 2/OWNER 2 NAME: _____ SIGNATURE: _____ DATE: _____

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