



FUNDING PRE-APPLICATION

Email To: Info@maximcash.com

Sales Rep Name:	Sales Rep ID#:	Date of Application:
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Merchant DBA Contact Information

Business Legal Name:			Business DBA Name:		
Address:			Suite/Apt:	Phone #:	Fax #:
City:	State:	Zip Code:	Mobile #:		Tax ID #:
Business Start Date:	Length of Ownership:		Legal Entity: <input type="checkbox"/> Corp <input type="checkbox"/> Sole Prop <input type="checkbox"/> LLC <input type="checkbox"/> Partnership		Industry Type:
Email Address:			Web Address:		
Landlord/Mortgage Company:			Rent/Mortgage Payment:	Lease Expiration:	
Reference Name:		Reference Contact Name:		Reference Phone #:	
Reference Name:		Reference Contact Name:		Reference Phone #:	

Principle/Owner/Officer Information

Principle #1 Name:			Title:	% Ownership:	D.O.B:
Address:			Suite/Apt:	Phone #:	Fax #:
City:	State:	Zip Code:	Mobile #:		Social Security #:
Email Address:			Signature:		Date:
Principle #2 Name:			Title:	% Ownership:	D.O.B:
Address:			Suite/Apt:	Phone #:	Fax #:
City:	State:	Zip Code:	Mobile #:		Social Security #:
Email Address:			Signature:		Date:

Funding Detail Information

Desired Advanced Amount:	Minimum Advanced Amount:	Average Ticket Size:	Average Monthly Visa/MC Sales:	Average Total Monthly Sales
Proposed Use of Funds:				
Current Processing Company:			Terminal Model:	
Bank Name:		Routing #:		Account #:
Merchant Account #:		American Express Account #:		Discover Account #:
Has application ever filed for bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No Are there any judgment/suits pending? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you used a cash advance plan before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who?		Do you have any open cash advances? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, whom?

The above information is warranted to be true and correct. We Hereby authorize Maximcash its assigns, agents, banks, or financial institution to verify and collect information on us, included but not limited to bank references, trade credit references, ad/or commercial credit reports. In compliance with the FAIR CREDIT REPORTING ACT, this is to inform you that you are authorizing this organization and/or its suppliers to obtain a consumer and/or business profile credit report.

Sign Name:	Print Name:	Date:
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