

APPLICATION



Total Merchant Resources
 255 Old New Brunswick Road, Suite S-340
 Piscataway, NJ 08854
 Office Tel: (732) 671-5710
 Fax: (877) 552-3299

www.totalmerchantresources.com

Agent: Website
 info@totalmerchantresources.com

Total Merchant Resources Funding Application

Please fill in the spaces below and mail or fax us the application. By doing so, you are giving Total Merchant Resources & Capital Advance Solutions, as well as its agents and affiliates, permission to review your business and personal credit history in order to provide you with formal approval.

Business Legal Name ("Merchant"):			Legal Entity: <input type="checkbox"/> Corp <input type="checkbox"/> Sole Prop <input type="checkbox"/> LLC <input type="checkbox"/> Partnership		
Business DBA Name:			Merchant Type: <input type="checkbox"/> Retail <input type="checkbox"/> Restaurant <input type="checkbox"/> Service <input type="checkbox"/> Internet		
Address:		Suite/Floor:	Business Location: <input type="checkbox"/> Store Front <input type="checkbox"/> Office <input type="checkbox"/> Home <input type="checkbox"/> Other		
City:	State:	Zip:	Federal Tax #:		
Business Phone:			Date Business Started:		How Many Locations:
Mobile Phone:			Business Type (Products/Services Sold):		
Fax:					
Email:			Average Visa/MasterCard Monthly Sales: \$		
Website:			Total Monthly Average Gross Sales (Cash, Checks, Credit, etc): \$		
Credit Card Machine (Model/quantity):			Average Credit Sale Size: \$		Highest Credit Sale Size: \$
POS System Co. Contact Info:			Percent of Card Sales Keyed/ Swiped: /		
Debit Pin Pad (Model/quantity):			Do you Accept Amex: <input type="checkbox"/> YES <input type="checkbox"/> NO		Amex #:

Business References

<u>Trade Reference 1:</u>	Company Name:	Contact Name:	Phone:
<u>Trade Reference 2:</u>	Company Name:	Contact Name:	Phone:
<u>Trade Reference 3:</u>	Company Name:	Contact Name:	Phone:
<u>Bank Reference:</u>	Bank Name:	Contact Name:	Phone:

Business Property: Rent <input type="checkbox"/> Own <input type="checkbox"/>	Rent/Mortgage is Current? YES <input type="checkbox"/> NO <input type="checkbox"/>	Landlord/Mortgage Company Contact:	Phone:
Rent/Mortgage Payment: \$			

Owner/Principal Information

2nd Owner/Principal Information

Name:	Name:
Home Address:	Home Address:
City, State Zip:	City, State Zip:
Phone:	Phone:
Years at Residence:	Years at Residence:
Email:	Email:
% of Ownership:	% of Ownership:
Date of Birth:	Date of Birth:
SSN#:	SSN#:
Driver's License #:	Driver's License #:

Miscellaneous Information

Do you accept EBT / Food Stamps?: <input type="checkbox"/> YES <input type="checkbox"/> NO	EBT / Food Stamps Account #:
Amount of Funds Requested:	
Have you used a cash advance plan before?: <input type="checkbox"/> YES <input type="checkbox"/> NO	
If 'Yes' list previous cash advance provider:	Current Cash Advance Balance:

By signing below, the Merchant and its owners / principals: (1) certify that all information and documents submitted in connection with this Application are true, correct and complete; and (2) authorize Total Merchant Resources, its partners, funders, and lenders to receive credit reports and any other information regarding the Merchant and its owners and principals from third parties, to verify any information provided on the Application.

By: _____

By: _____