

APPLICATION



Total Merchant Resources
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Agent: Web.app NY
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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, 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:	
City:		State:	
Zip:		Business Location: <input type="checkbox"/> Store Front <input type="checkbox"/> Office <input type="checkbox"/> Home <input type="checkbox"/> Other	
Business Phone:		Federal Tax #:	
Mobile Phone:		Date Business Started:	
Fax:		How Many Locations:	
Email:		Business Type (Products/Services Sold):	
Website:		Average Visa/MasterCard Monthly Sales: \$	
Credit Card Machine (Model/quantity):		Total Monthly Average Gross Sales (Cash, Checks, Credit, etc): \$	
POS System Co. Contact Info:		Average Credit Sale Size: \$	
Debit Pin Pad (Model/quantity):		Highest Credit Sale Size: \$	
		Percent of Card Sales Keyed/ Swiped: /	
		Do you Accept Amex: <input type="checkbox"/> YES <input type="checkbox"/> NO	
		Do you Accept EBT: <input type="checkbox"/> YES <input type="checkbox"/> NO	

Business References

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 Name:	Landlord Phone:
Has your business ever contemplated to file or has filed Bankruptcy: Yes <input type="checkbox"/> No <input type="checkbox"/>	Does your business have any tax liens: Yes <input type="checkbox"/> No <input type="checkbox"/>		
If Yes, Date: _____	Discharged: Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, amount? _____	Payment Plan: Yes <input type="checkbox"/> No <input type="checkbox"/>

Owner/Principal Information

2nd Owner/Principal Information

Full Legal Name:	Full Legal 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 #:
Have you ever contemplated to file or have filed Bankruptcy: Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever contemplated to file or have filed Bankruptcy: Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, Date: _____	If Yes, Date: _____
Discharged: Yes <input type="checkbox"/> No <input type="checkbox"/>	Discharged: Yes <input type="checkbox"/> No <input type="checkbox"/>

Miscellaneous Information

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: _____