

MERCHANT APPLICATION



Phone: 832-453-1556

COMPANY INFORMATION

Legal Name		Phone	
Business DBA Name		Fax	
Address		Email	
City, State, Zip		Website	
Legal Entity	<input type="checkbox"/> Corp <input type="checkbox"/> Sole Prop <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Other	Federal Tax ID#	
Business Type		Business Start Date	
Business Location	<input type="checkbox"/> Store Front <input type="checkbox"/> Office <input type="checkbox"/> Home <input type="checkbox"/> Other	Products/Services Sold	

OWNER #1 / PRINCIPAL INFORMATION

Name	
Address	
City, State Zip	
Home Phone	
Mobile	
Email	
% of Ownership	
Date of Birth	
SSN#	
Experian Credit Score	

OWNER #2 / PRINCIPAL INFORMATION

Name	
Address	
City, State Zip	
Home Phone	
Mobile	
Email	
% of Ownership	
Date of Birth	
SSN#	
Experian Credit Score	

CURRENT ADVANCES

Lender		Lender	
Payment Amount	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly	Payment Amount	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly

REFERENCE

Name		Phone	
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By signing below, the Merchant and its Owners / Principals: (1) certify that all information and documents submitted in connection with this application is true, correct and complete; (2) authorize **The Belmont Franklin Group** its agents, partners, 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; (3) to receive an occasional promotion or offer by email or fax.

SIGNATURE

PRINT NAME

DATE

SIGNATURE

PRINT NAME

DATE