

WORKING CAPITAL APPLICATION

Tel: (347) 241-7795

Company Information

Company/Legal Business Name:		Doing Business AS/ DBA:	
Business/Physical Address (No PO Boxes):		City:	State: Zip:
Business Phone #:	Business Fax #:	Federal Tax ID:	
Business Start Year:		Email Address:	
Type of Entity: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other			Business Website:
Annual Gross Sales: \$	Monthly Credit Card Volume: \$	Product/Service Sold:	

Principal Owner #1

Last Name:	First Name:	Title:	Ownership %:
Home Address:		City:	State: Zip:
SSN:	D.O.B:	Email:	Home Phone #: Mobile Phone #:

Principal Owner #2

Last Name:	First Name:	Title:	Ownership %:
Home Address:		City:	State: Zip:
SSN:	D.O.B:	Email:	Home Phone #: Mobile Phone #:

Business Property Landlord Reference

Do you rent or own? <input type="checkbox"/> Rent <input type="checkbox"/> Own	Lease Expiration Date:	Rent Amount: \$ per month	Are you current? <input type="checkbox"/> Yes <input type="checkbox"/> No
Landlord/Mortgage Co. Name:	Contact Phone #:	Contact Name:	

Business Information

Requested Amount:	# of Employees: 2	Avg. Ticket/Sale: \$0	Avg. # Monthly Deposits:	Avg. Daily Balance: \$	Credit Card Processing Co.:
Has the business filed for bankruptcy in the past 24 months? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is the business free of tax liens or judgments? <input type="checkbox"/> Yes <input type="checkbox"/> No		Has the business had a Merchant Cash Advance in the past 90 days? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Loan or Cash Advance Balance(s)

Company	Balance	Daily Payment
1.		
2.		
3.		

Principal Owner #1 Signature

Print Full Name: _____

Date: _____

Signature: _____

Principal Owner #2 Signature

Print Full Name: _____

Date: _____

Signature: _____

By signing below, each of the above listed business and business owner/officer (individually and collectively, "you") authorize Wilson a. Perez DBA Fulton Solutions Group and each of its representatives, successors, assigns and designees ("Recipients") that may be involved with or acquire commercial loans having daily repayment features or purchases of future receivables including Merchant Cash Advance transactions, including without limitation the application therefore (collectively, "Transactions") to obtain consumer or personal, business and investigative reports and other information about you, including credit card processor statements and bank statements, from one or more consumer reporting agencies, such as TransUnion, Experian and Equifax, and from other Credit bureaus, banks, creditors and other third parties. You also authorize Wilson a. Perez DBA Fulton Solutions Group to transmit this application form, along with any of the foregoing information obtained in connection with this application, to any or all of the recipients for the foregoing purposes to the release, by any creditor or financial institution, of any information relating to any of you, to, Wilson a. Perez DBA Fulton Solutions Group and to each of the Recipients, on its own behalf. If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact Wilson a. Perez DBA Fulton Solutions Group at the above address or phone number within 60 days from the date you are notified of the credit decision. You have the right to obtain a written statement of reasons for the denial within 30 days of receiving your request for the statement.

Required Documentation

- Signed Application
- Latest 3-6 Months Business Bank Statements (Depends on Funding Amount)
- Latest 3-6 Months Credit Card Processing Statements (If Applicable)