

Contact Person:	Underwriting Dept.
Direct Dial:	888-291-2862
Email Address:	info@freedomfundinggrp.com

BUSINESS INFORMATION

Legal/Corporate Name:		DBA:	
Physical Address:		City:	State: Zip:
Business Telephone #:	Business Fax #:	Federal Tax ID:	
Date Business Started:	Length of Ownership:	Website:	
Type of Entity (circle one): Sole Proprietorship Partnership Corporation LLC Other			Email Address:
Type of Business (circle all that apply): Retail MO/IO Wholesale Restaurant Supermarket Other		Product/Service Sold:	Est. Monthly Sales:

MERCHANT/OWNER INFORMATION

Corporate Officer/Owner Name:		Title:	Ownership %:
Home Address:		City:	State: Zip: Yrs.at Address:
SSN: Permanent U.S. resident?	Date of Birth:	Home #:	Cell #:

PARTNER INFORMATION

Partner Name:		Title:	Ownership %:
Home Address:		City:	State: Zip:
SSN:	Date of Birth:	Home #:	Cell #:

BUSINESS PROPERTY INFORMATION

Business Landlord or Business Mortgage Bank:	Contact Name and/or Account #:	Phone #:
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BUSINESS TRADE REFERENCES

(Please list at least 3 trade suppliers. NOTE: Application cannot be processed without trade references.)

Business Name:	Contact Name and/or Account #:	Phone #:
Business Name:	Contact Name and/or Account #:	Phone #:
Business Name:	Contact Name and/or Account #:	Phone #:
Business Name:	Contact Name and/or Account #:	Phone #:

OTHER INFORMATION

Current Processing Company & Account Number:	Type/Number of Terminals:	Monthly Volume:
Requested Advance Amount/Intended Use:	Requested Daily Withholding:	
Prior/Current Cash Advance Company & Length of Time With:	Balance:	

Applicant authorizes Freedom Funding Group its assigns, agents, banks or financial institutions to obtain an investigative or consumer report from a credit bureau or a credit agency and to investigate the references given on any other statement or data obtained from applicant.

Applicant's Signature	Date
Partner's Signature	Date

