



411 Hempstead TPKE Hempstead, NY 11552  
 P. 1.866.217.7917 F. 888.974.8397  
 info@thelcgroup.com

**Business Information**

Business Legal Name:		Business DBA Name:	
Legal Entity: <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Sole Proprietor			
Business Start Date Under Current Ownership:		State of Incorporation:	Federal Tax ID # (EIN):
Physical Address:		City:	State:
Mailing Address (if different then above):		City:	State:
Business Phone:	Mobile:	Business Fax:	
Email Address:		Website:	
Type of Business(description):		Products Sold:	

**Property Ownership**

<input type="checkbox"/> Lease <input type="checkbox"/> Own	Rent/Mortgage Payment:	Landlord/Mortgage Company:
Landlord/Mortgage Contact Name:		Landlord/Mortgage Contact Phone:

**Funding Information**

Purpose of Working Capital?		
Do you have a current advance or loan? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what is the balance?	Held With:
Original Advance Amount: \$	Payback Amount: \$	Holdback %:
Current Credit Card Processor:	Average Monthly Credit Card Volume:	Gross Annual Sales (from previous year tax return):

**Last 4 months Visa/MC Volume and Ticket Count**

Last Month: \$ _____	Two Months Ago: \$ _____	Three Months Ago: \$ _____	Four Months Ago: \$ _____
# of Tickets: _____	# of Tickets: _____	# of Tickets: _____	# of Tickets: _____

**Trade References**

Name	Contact Person	Contact Number

**Owner/Officer Information**

Name:		Title:	Ownership %:
Home Phone:	Date of Birth:	Social Security Number:	
Home Address:		City:	State:
			Zip Code:

The Merchant and Owner(s)/Officer(s) identified above (individually, an "Applicant") each represents, acknowledges and agrees that (1) all information and documents provided to The LCF Group ("Representative") including credit card processor statements are true, accurate and complete, (2) Applicant will immediately notify Representative of any change in such information or financial condition, (3) Applicant authorizes Representative to disclose all information and documents that Representative may obtain including credit reports to other persons or entities (collectively, "Assignees") 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 therefor (collectively, "Transactions"), and each Assignee is authorized to use such information and documents, and share such information and documents with other Assignees, in connection with potential Transactions, (4) Representative and each Assignee will rely upon the accuracy and completeness of such information and documents, (5) Representative, Assignees, and each of their representatives, successors, assigns and designees (collectively, "Recipients") are authorized to request and receive any investigative reports, credit reports, statements from creditors or financial institutions, verification of information, or any other information that a Recipient deems necessary, (6) Applicant waives and releases any claims against Recipients and any other information-providers arising from any act or omission relating to the requesting, receiving, or release of information, and (7) each Owner/Officer represents that he or she is authorized to sign this form on behalf of Merchant. A copy of this authorization may be accepted as an original.

Signature: X \_\_\_\_\_

Date: \_\_\_\_\_

Signature: X \_\_\_\_\_

Date: \_\_\_\_\_