



115 W. 31 St
 4th Floor
 New York, New York 10001
 Phone 561-328-2220
 Fax To: 888-959-7720

Legal Business Name:		DBA: (If Different)		Business Start Date/ Under Current Ownership	
State of Inc.	Federal Employer Identification	Business Type (Check One) <input type="checkbox"/> Partnership <input type="checkbox"/> C- Corp		Industry Type/Sic Code	
		<input type="checkbox"/> S-Corp <input type="checkbox"/> Sole Prop <input type="checkbox"/> Limited Liability <input type="checkbox"/> Other			
Business Physical Address:		City:	State:	Zip:	Use of Proceeds:
Business Mailing Address: (If Different)		City:	State:	Zip:	
Business Phone		Fax	Email		
#1 Owner/Officer Name:		Date of Birth:	Social Security #	Ownership%	
Home Address:		Cell Phone Number		Job Title	
City:		State		Zip	
#2 Owner/Officer Name:		Date of Birth:	Social Security #	Ownership%	
Home Address:		Cell Phone Number:		Job Title	
City:		State:		Zip:	
Trade References & Banking Information					
Bank:		Contact:	Phone:		
Vendor:		Contact:	Phone:		
Vendor:		Contact:	Phone:		
Do you currently have any open contracts for working capital? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, name working capital provider:					
Business Financials					
Gross Annual Sales (Previous Year Tax Return)		Total Monthly Sales (Current Year Average)			
Date the Business first processed Credit Cards Under Current Ownership?		Average Monthly Credit Card Volume	American Express		
Current Credit Card Processor			Terminal Type		Pin pad Type
List the total Visa/MC Processing Volume From the last 4 months	Last Month	2 Months Ago	3 Months Ago	4 Months Ago	
	\$ Tickets#	\$ Tickets#	\$ Tickets#	\$ Tickets#	
Landlord Name:		Contact:	Phone:		
Property Information:		Own:	Rent:	Monthly Payment:	
Is the Business Owner Current on the Rent/Lease/Mortgage? _____ Are there any pending claims, judgments, tax liens, UCC-1's, bankruptcies or re-organizations against the Merchant or any Principal? _____					
By signing below, each of the above listed business and business owner/ officer (individually and collectively, "you") authorize Northstar Capital Funding, llc ("NSC") 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 therefor (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 NSC 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. You also consent to the release by any creditor or financial institution, of any information relating to any of you, NSC and to each of the Recipients, on its own behalf.					
#1 Owner/Officer (Signature)			Print Name		Date: / /
#2 Owner/Officer (Signature)			Print Name		Date: / /



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Submission Requirements are:

- Most Recent 3 months Business Bank Statements
- Most Recent 3 months Merchant Processing Statements
- Business Checking Account – Voided Check
- Borrowers Valid Driver's License

Comments:

Fax immediately to: 888-959-7720 Along with 3 months most recent bank and merchant processing statements

www.truenorthmerchantcapital.com