

Worldmine Financial Associates, LLC
 786-206-4330
info@worldminefin.com

SEND BACK WITH 4 MONTHS MERCHANT STATEMENTS
 AND 4 MONTHS BANKING STATEMENTS

If you don't accept credit cards then just 4 months of banking statements

Email your application to info@worldminefin.com when completed

BUSINESS INFORMATION			
Legal/Corporate Name		DBA	
Physical Address:		City:	State: Zip:
Telephone:	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/TO Wholesale Restaurant Supermarket Other		Product/Service Sold:	
MERCHANT/OWNER INFORMATION			
Corporate Officer/Owner Name:		Title:	Ownership %:
Home Address:		City:	State: Zip:
SSN:	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 #:
BUSINESS TRADE REFERENCES (Please list at least 3 trade suppliers. Please attach any additional references on a separate page.)			
Business Name:		Contact, Account # or Fax #:	
Business Name:		Contact, Account # or Fax #:	
Business Name:		Contact, Account # or Fax #:	
OTHER INFORMATION			
Credit Card Processing Terminal(s)/Software Model:	Number of Terminals:	Avg. Monthly Credit Card Volume	Avg. Monthly Gross Sales Volume
Requested Advance Amount:	Do you Accept: Visa/MasterCard Amex Discover Debit EBT Please circle all that apply.		
Prior/Current Cash Advance Company (if applicable):	Balance:	Underwriter Use Only Split Funds <input type="checkbox"/> ACH <input type="checkbox"/>	
Applicant(s) authorizes Worldmine Financial Associates, LLC. and its assigns, agents, banks or financial institutions to obtain an investigative or consumer report from 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	
_____ 2nd Applicant's Signature		_____ Date	