



Tel: 404 220-9939
 Fax: 800 768-2153
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Business Information

Business Legal Name:	Business DBA Name:
Business Physical Address:	City: _____ State: _____ Zip: _____
Business Phone:	Company Website:
Business Fax:	Industry Type:
Legal Entity: <input type="checkbox"/> Corp <input type="checkbox"/> Sole Prop <input type="checkbox"/> LLC <input type="checkbox"/> Partnership	Federal Tax ID:
State of Incorporation:	Business Start Date Month: _____ Year: _____
Merchant Type: <input type="checkbox"/> Retail <input type="checkbox"/> Restaurant <input type="checkbox"/> Service <input type="checkbox"/> Other	Annual Gross Revenue (<i>Not net profit/loss</i>):
Business Office Location: <input type="checkbox"/> Store Front <input type="checkbox"/> Office <input type="checkbox"/> Home <input type="checkbox"/> Other	Last 4 months bank deposits: 1) _____ 2) _____ 3) _____ 4) _____
Landlord Name:	Bank Negative Balance Days:
Landlord Phone:	Current Credit Card Processor: (<i>If Applicable</i>)
<input type="checkbox"/> Rent <input type="checkbox"/> Mortgaged/Own	Last 4 months Visa/Master Card volume: (<i>If Applicable</i>) 1) _____ 2) _____ 3) _____ 4) _____
Rent/Mortgage Payment: \$ _____	Credit Card Ticket Count:

Owner Information

Full Legal Name Owner 1:	Full Legal Name Owner 2:
Address: (<i>No PO BOX</i>)	Address: (<i>No PO BOX</i>)
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____	Home Phone: _____ Cell Phone: _____
% of Ownership: _____ Title: _____	% of Ownership: _____ Title: _____
Date of Birth: _____ SSN#: _____	Date of Birth: _____ SSN#: _____
Email: _____	Email: _____

Funding Information

Use of Capital:	Do you have any open MCA or loan accounts? <input type="checkbox"/> YES <input type="checkbox"/> NO Who is your current Lender?
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By signing below, each of the above listed business and business owner/officer (individually and collectively, "you") authorize Alpha Gateway Capital (AGC) and its network of lender or lenders 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 there for (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 AGC and its network or lender or lenders 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, to AGC and to each of the Recipients, on its own behalf.

Date: _____ Date: _____

Owner/Officer's Name (Print): _____ Owner/Officer's Name (Print): _____

Owner/Officer's Signature: X _____ Owner/Officer's Signature: X _____

Rep: SID#: 6407

Please fax signed application to 800 768-2153
 To expedite your processing we will need 6 months bank statements faxed or emailed to
wendell@alphagatewaycapital.com