

Funding Pre Qualification Form

Business Legal Name:			Business DBA Name:			
State of Incorporation:	Tax ID Number:		Start Date Under Current Ownership:	Business Type:		
Business Structure (check one):	Corp	LLC	LLP	Part.	Sole Prop.	Other
Physical Location Phone:	Billing Location Phone:		Preferred Contact Phone:	Business E-Mail Address:		
Physical Street Address:			City:	State:	Zip Code:	
Billing Street Address (if different then above) :			City:	State:	Zip Code:	
Rented	Mortgaged - Monthly Payment:		Landlord Name:	Landlord Phone:		
Gross Annual Sales:		Average Mo. CC Volume:		CC Processor:		

Use Of Funds:

List the total Visa/MasterCard processing volumes for the previous four months below:

Last Month:	Two Months Ago:	Three Months Ago:	Four Months Ago:
\$ # Tickets:	\$ # Tickets:	\$ # Tickets:	\$ # Tickets:
Does the merchant have any open MCA or loan accounts? Yes No - If yes, what is the current balance?		Open Judgments or Liens? Yes No	
		Open Bankruptcy's? Yes No	

Primary Owner / Officer	Title:	% Ownership:	
First Name:	Last Name:	SS#:	Date of Birth:
Street Address:		City:	State: Zip:

Secondary Owner / Officer	Title:	% Ownership:	
First Name:	Last Name:	SS#:	Date of Birth:
Street Address:		City:	State: Zip:

Business Trade Reference 1:	Phone #:
Business Trade Reference 2:	Phone #:
Business Trade Reference 3:	Phone #:

By signing below, each of the above listed business and business owners/officers in their individual and personal capacities (individually and collectively, "you") certify that all information and documents submitted in connection with this application is true, correct and complete. Further, you authorize Capital Curve Inc. ("CCI"), and each of its representatives, successors, assigns, designees and third-party funding partners, which includes lenders and other finance providers with whom CCI has, or may in the future enter into, commercial-brokerage-financing relationships (collectively, "Recipients"): (1) 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 and/or business reporting agencies, such as TransUnion, Experian and Equifax, and from other credit bureaus, banks, creditors and other third parties; (2) 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 and/or any third party for the foregoing purposes or any lawful purpose; and (3) to obtain the release, by any creditor or financial institution, of any information relating to any of you.

Primary Owner/Officer Print:	Primary Owner/Officer Signature:	Date:
Secondary Owner/Officer Print:	Secondary Owner/Officer Signature:	Date: