BUSINESS INFORMATION DRA (if different):				
Legal Business Name: DBA (if different):				
Legal Entity: Corp LLC Sole Prop LP Other Date Business Established: (MM/DD/YYYY):				
Business Classification: Retail Restaurant Services Manufacturer/Wholesaler Internet Mail Order/Telephone Order				
Physical Address:				
Mailing Address:				
Business	Business		Mobile:	
Phone:	Fax:		wobile.	
E-Mail:		Website:		
Tax ID Number or Business Number:	T	Terminal/POS Make/Model:	:	
Property Ownership: □ Lease □ Own	Years in Control:Mor	nths in Control:	Products Sold:	
Landlord / Mortgage Company Name:		Landlord Contact Name:		
Landlord / Mortgage Company Phone:		Rent / Mortgage Payment: \$		
Has the business or any principal ever filed for Bankruptcy Protection? Yes	□ No	Are there any pending, threatened, or recently filed claims, judgments or tax liens against the business or any principals? ☐ Yes ☐ No		
ever filed for Bankruptcy Protection? Yes	OWNER / PRINCIPA	, ,	anist the busin	ess of any principals? 165 NO
Name:		Title:		% of Ownership:
Home Address:				
Home Phone:		Cell Phone:		
E-Mail:				
Date of Birth (MM/DD/YY):		Social Security or Social Insurance#:		
Drivers License #:		Drivers License State or Province of Issuance:		
Dilvers License #.				
	OWNER / PRINCIPA	AL INFORMATION		
Namo	OWNER / PRINCIPA			% of Ownership:
Name:	OWNER / PRINCIPA	L INFORMATION Title:		% of Ownership:
Home Address:	OWNER / PRINCIPA	Title:		% of Ownership:
Home Address: Home Phone:	OWNER / PRINCIPA			% of Ownership:
Home Address: Home Phone: E-Mail Address:	OWNER / PRINCIPA	Title: Cell Phone: Social Security or		% of Ownership:
Home Address: Home Phone:	OWNER / PRINCIPA	Title: Cell Phone: Social Security or Social Insurance#:		% of Ownership:
Home Address: Home Phone: E-Mail Address:		Cell Phone: Social Security or Social Insurance#: Drivers License State or Province of Issuance:		% of Ownership:
Home Address: Home Phone: E-Mail Address: Date of Birth (MM/DD/YY):	COMPANY INF	Cell Phone: Social Security or Social Insurance#: Drivers License State or Province of Issuance:		% of Ownership:
Home Address: Home Phone: E-Mail Address: Date of Birth (MM/DD/YY):		Cell Phone: Social Security or Social Insurance#: Drivers License State or Province of Issuance:	Annual Gross	
Home Address: Home Phone: E-Mail Address: Date of Birth (MM/DD/YY): Drivers License #:	COMPANY INF	Cell Phone: Social Security or Social Insurance#: Drivers License State or Province of Issuance:	Annual Gross	
Home Address: Home Phone: E-Mail Address: Date of Birth (MM/DD/YY): Drivers License #: Average Monthly Card Sales: \$ Desired Funding Amount: \$ Current Loan/Advance Balance? □ Yes: *Balance \$	COMPANY INF	Cell Phone: Social Security or Social Insurance#: Drivers License State or Province of Issuance: FORMATION	Annual Gross	
Home Address: Home Phone: E-Mail Address: Date of Birth (MM/DD/YY): Drivers License #: Average Monthly Card Sales: \$ Desired Funding Amount: \$	COMPANY INF	Cell Phone: Social Security or Social Insurance#: Drivers License State or Province of Issuance: FORMATION Use of Funds: Held With:	Annual Gross	Sales: \$
Home Address: Home Phone: E-Mail Address: Date of Birth (MM/DD/YY): Drivers License #: Average Monthly Card Sales: \$ Desired Funding Amount: \$ Current Loan/Advance Balance? □ Yes: *Balance \$	COMPANY INF	Cell Phone: Social Security or Social Insurance#: Drivers License State or Province of Issuance: FORMATION Use of Funds: Held With: ERENCES		Sales: \$
Home Address: Home Phone: E-Mail Address: Date of Birth (MM/DD/YY): Drivers License #: Average Monthly Card Sales: \$ Desired Funding Amount: \$ Current Loan/Advance Balance? □ Yes: *Balance \$ Loan/Advance	COMPANY INF Total Monthly Sales: \$ TRADE REF	Cell Phone: Social Security or Social Insurance#: Drivers License State or Province of Issuance: FORMATION Use of Funds: Held With: ERENCES		Sales: \$
Home Address: Home Phone: E-Mail Address: Date of Birth (MM/DD/YY): Drivers License #: Average Monthly Card Sales: \$ Desired Funding Amount: \$ Current Loan/Advance Balance? □ Yes: *Balance \$ Loan/Advance	COMPANY INF Total Monthly Sales: \$ TRADE REF CONTACT (s) / Officer (s) / Principals (s) an ation ("Application") are accurat accessors, assigns, designees, age e considered fraud. You acknowleacquire commercial loans having consumer or personal, business ane or more consumer reporting aguithorize Recipients to receive relevant to transmit this Application a py of the Application will be deep	Cell Phone: Social Security or Social Insurance#: Drivers License State or Province of Issuance: FORMATION Use of Funds: Held With: ERENCES T NAME ad Business (individually and coe, true, correct and complete; a nats, partners, affiliates ("Recipiedge the Recipients are relying daily repayment features or put and investigative reports and ot gencies, such as TransUnion, E evant information regarding the long with any of the foregoing med acceptable for release of comments.	Dllectively, "You not that you will ients") of any su on the informatirchases of future her information xperian and Equicommercial leainformation obta	Sales: \$ No Current NTACT PHONE NUMBER *** "**) certify that all information and immediately notify John Dur Financial ch change in such information or financial on you provide. You further authorize John receivables including Merchant Cash about you, including but not limited to, ifax, and from other credit bureaus, banks, see for the above referenced premises from ined in connection with this Application to
Home Phone: E-Mail Address: Date of Birth (MM/DD/YY): Drivers License #: Average Monthly Card Sales: \$ Desired Funding Amount: \$ Current Loan/Advance Balance? □ Yes: *Balance \$ Loan/Advance COMPANY (Largest Vendors) By signing below, each of the above listed Business Owners documents submitted in connection with this Funding Applic Consulting, LLC ("John Dur" or any of its representatives, st condition. You acknowledge that any false statements may be Dur and each of the Recipients that may be involved with or Advance transactions (collectively, "Transactions") to obtain credit card processor statements and bank statements, from of financial institutions, creditors and other third parties. You a our leasing company and/or agent. You also authorize John I	COMPANY INF Total Monthly Sales: \$ TRADE REF CONTACT (s) / Officer (s) / Principals (s) an ation ("Application") are accurat accessors, assigns, designees, age e considered fraud. You acknowle acquire commercial loans having consumer or personal, business an eor more consumer reporting authorize Recipients to receive relevant to transmit this Application apy of the Application will be deep	Cell Phone: Social Security_or Social Insurance#: Drivers License State or Province of Issuance: FORMATION Use of Funds: Held With: ERENCES I NAME I Make Make Make Make Make Make Make Make	Dllectively, "You not that you will ients") of any su on the informatirchases of future her information xperian and Equicommercial leainformation obta	Sales: \$ No Current NTACT PHONE NUMBER *** "**) certify that all information and immediately notify John Dur Financial ch change in such information or financial on you provide. You further authorize John receivables including Merchant Cash about you, including but not limited to, ifax, and from other credit bureaus, banks, see for the above referenced premises from ined in connection with this Application to