

FUNDING INFORMATION

What funding amount are you requesting?

Business start date (MM/YYYY)

What are your gross annual sales?
(Include cash, check and credit card payments)

Use of proceeds

MERCHANT INFORMATION

Company name

Street address

City, State, Zip

Business phone

Website

Industry type

Corporate structure

Primary contact

Title

Business property status Rent Own

Business property payment (\$) (Per month)

DBA (If different)

Mailing address

City, State, Zip

Business fax

Email

Tax ID

State of incorporation

Years at this location

BUSINESS OWNER/OFFICER #1

Name

Social Security # Cell

Date of birth (DD/MM/YY)

Address

City, State Zip

Years/months at address Ownership %

BUSINESS OWNER/OFFICER #2 (IF APPLICABLE)

Name

Social Security # Cell

Date of birth (DD/MM/YY)

Address

City, State Zip

Years/months at address Ownership %

MISCELLANEOUS INFORMATION

Do you have any outstanding business loans, advances, or lines of credit that involve daily or weekly payments? Yes No

Are you contemplating filing for bankruptcy? Yes No

If yes, with whom and what is the remaining balance?

() (\$)

Is there seasonality in your business? Yes No

The Merchant and Owner(s) / Officer(s) identified above (individually, an "Applicant") each represents, acknowledges and agrees that (1) all information and documents provided to Representative including credit card processor statements are true, accurate and complete, (2) Applicant will immediately notify Representative of any change in such information or financial condition, (3) Applicant authorizes Representative to disclose all information and documents that Representative may obtain including credit reports to other persons or entities (collectively, "Assignees") 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"), and each assignee is authorized to use such information and documents, and share such information and documents with other Assignees, in connection with potential Transactions. (4) Representative and each Assignee will rely upon the accuracy and completeness of such information and documents. (5) Representative, Assignees, and each of their representatives, successors, assigns and designees (collectively, "Recipients") are authorized to request and receive any investigative reports, credit reports, statements from creditors or financial institutions, verification of information, or any other information that a Recipient deems necessary, (6) Applicant waives and releases any claims against Recipients and any information-providers arising from any act or omission relating to the requesting, receiving or release of information, and (7) each Owner/Officer represents that he or she is authorized to sign this form on behalf of Merchant. A copy of this authorization may be accepted as an original. The term "Representative" shall mean any funding source looking to offer, make available, or provide to the Merchant access to loans or Merchant cash advances based on such Merchant's future receivables or sales and/or structured with periodic repayment feature.

Applicants agree that any pre-qualified offers made by or on behalf of Latin Financial are confidential and may not be disclosed to third parties (other than to Applicants' legal or financial advisors or as required by law), except at Latin Financial's express, written direction.

Signature _____ Print Date

(Owner/Officer)

Signature _____ Print Date

(Second Owner/Officer)