



**MERCHANT FUNDING APPLICATION**

Please fill out the form in its entirety and return by email or fax. & You are giving permission to review your business and personal credit history.

**FAX: 602-296-0452**

**Business Information**

<b>Legal Business Name ("Merchant"):</b>		<b>Business DBA Name:</b>	
<b>Address:</b>		<b>City, State Zip:</b>	
<b>Phone:</b>		<b>Fax:</b>	
<b>Website:</b>		<b>Email:</b>	
<b>Entity:</b>	LLC Partner Other	<b>Federal Tax ID #:</b>	
<b>Industry Type (NAICS or description):</b>		<b>Business Start Date (current ownership):</b>	
<b>Business Location:</b> Home Commercial Location		<b>Business Description:</b>	

**Financial Information**

<b>Existing Funding Company?</b> Yes No		<b>Balance? \$</b>		<b>Use of Funds:</b>				
<b>Funding Company Name:</b>		<b>Average Monthly Deposits: \$</b>						
<b>Gross Annual Sales (Previous year's Tax return):</b>		<b>Average Monthly AMEX Sales: \$</b>						
<b>Average Monthly Credit Card Volume: \$</b>		<b>Date Business first processed Credit Cards (current owners):</b>						
<b>Visa/MasterCard Volumes from previous 4 months:</b>	<b>Last Month:</b>		<b>2 Months Ago:</b>		<b>3 Months Ago:</b>		<b>4 Months Ago:</b>	
	<b>\$:</b>	<b>#Tickets:</b>	<b>\$:</b>	<b>#Tickets:</b>	<b>\$:</b>	<b>#Tickets:</b>	<b>\$:</b>	<b>#Tickets:</b>

**Owner/Principal Information**

<b>Owner 1 (Primary Credit Pull):</b>		<b>Owner 2:</b>	
<b>Address:</b>		<b>Address:</b>	
<b>City, State Zip:</b>		<b>City, State Zip:</b>	
<b>Home Phone:</b>		<b>Home Phone:</b>	
<b>Mobile:</b>		<b>Mobile:</b>	
<b>Email:</b>		<b>Email:</b>	
<b>% of Ownership:</b>		<b>% of Ownership:</b>	
<b>Date of Birth:</b>		<b>Date of Birth:</b>	
<b>SSN#:</b>		<b>SSN#:</b>	

**Property Information**

<b>Property:</b> Own Rent	<b>If owned, by who?</b>
<b>Landlord Name (if renting):</b>	<b>Landlord Contact Number (if renting):</b>
<b>Landlord Fax (if renting):</b>	<b>Landlord Email (if renting):</b>

**Business/Trade References**

<b>Company 1:</b>	<b>Contact:</b>	<b>Phone:</b>
<b>Company 2:</b>	<b>Contact:</b>	<b>Phone:</b>

By signing below, each of the above listed business and business owner/officer (individually and collectively, "you") authorize Phoenix Finance LLC 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 therefor (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 Phoenix Finance LLC 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 Phoenix Finance LLC. and to each of the Recipients, on its own behalf.

Owner 1 Signature : \_\_\_\_\_  
Date: \_\_\_\_\_

Owner 2 Signature: \_\_\_\_\_  
Date: \_\_\_\_\_