

# Merchant Application



Fax: (818)538-7165 Email completed application to:  
newdeals@bestlinefunding.com

General Background: Merchant Information				
Type of Entity (check one) <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Sole Proprietorship				
Merchants Legal Name		D/B/A		Federal ID (or SS# for Sole Proprietorship)
Physical Address		City, State, Zip		Business Phone
State of Incorporation/Organization	Business Type; Product/Service Sold	Date Business Started(mm/yy)	Length of Ownership	Use of Proceeds
Web Address		Business Email		
Merchant Ownership Information: Owner No. 1 Percentage ( _____ % of Ownership)				
Name		Social Security Number	Date of Birth	Position
Driver's License # & State	Home Phone Number	Cell Phone #:	Personal Email Address	
Residence Address		City, State, Zip		
Merchant Ownership Information: Owner No. 2 Percentage ( _____ % of Ownership (if third owner, please use second application))				
Name		Social Security Number	Date of Birth	Position
Driver's License # & State	Home Phone Number	Cell Phone #	Personal Email Address	
Residence Address		City, State, Zip		
Sales & Credit Card Processing Information				
Avg. Gross Monthly Volume (Cash, Checks, Credit Cards):				
Credit Card Processor		Phone Number		
Funding Information				
Do you have an open loan or merchant cash advance balance? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, company and current balance:				
Have you used a loan or merchant cash advance program before? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, company:				
Is there an outstanding loan to a previous business owner? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, monthly payment & term?				
Any state/federal tax liens against owner? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, details:				
Have you or business ever declared bankruptcy? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, details				
Are any suits or judgments pending? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, details				
Business Property Information				
Own/Lease	Lease Start Date	Lease Term	Monthly Rent/Mtg	Square Footage (approx.)
Landlord/Mortgage Company		Contact Name	Phone Number	
Agent Info:				
Agent's Name Cheryl Miller ( VCG Brokers)		Agent's Email Address info@vcgbrokers.com	Agent's Phone Number 4044901960	

By signing below, each of the above listed Business Owner(s)/Officer(s)/Principal(s) and Business (individually and collectively, "You") certify that all information and documents submitted in connection with this Funding Application ("Application") are accurate, true, correct and complete; and that You will immediately notify Bestline Business Funding or any of its representatives, successors, assigns, designees, agents, partners or affiliates ("Recipients") of any change in such information or financial condition. You acknowledge that any false statements may be considered fraud. You acknowledge that the Recipients are relying on the information You provide. You further authorize Bestline Business Funding and each of the Recipients that may be involved with or acquire commercial loans having daily repayment features or purchases of future receivables including Merchant Cash Advance transactions (collectively, "Transactions") to obtain consumer or personal, business and investigative reports and other information about You, including, but not limited to 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, financial institutions, creditors and other third parties. You authorize Recipients to receive relevant information regarding the commercial lease for the above- referenced premises from our leasing company and/or agent. You also authorize Bestline Business Funding to transmit this Application, along with any of the foregoing information obtained in connection with this Application, to any or all of the Recipients for the foregoing purposes. A photocopy of the Application will be deemed acceptable for release of credit and/or investigatory information.

Signature #1 \_\_\_\_\_ Date \_\_\_\_\_ Signature #2 \_\_\_\_\_ Date \_\_\_\_\_