



EZ Capital Inc.

(888) 995-8202 (PHONE)

(888) 583-3652 (FAX)

Apply@EZCapitalinc.com

SEND BACK WITH 4 MONTHS MERCHANT STATEMENTS**AND****4 MONTHS BANKING STATEMENTS*****If you don't accept credit cards then just 4 months of banking statements***

| BUSINESS INFORMATION | | | |
|--|----------------------|---|---|
| Legal/Corporate Name: | | DBA: | |
| Physical Address: | | City: | State: Zip: |
| Telephone # | Fax #: | Federal Tax ID: | |
| Date Business Started: | Length of Ownership: | Website: | |
| Type of Entity (circle one): Sole Proprietorship Partnership Corporation LLC Other | | | Email Address: |
| Type of Business (circle all that apply): Retail MO/TO Wholesale Restaurant Supermarket Other | | | Product/Service Sold: |
| MERCHANT/OWNER INFORMATION | | | |
| Corporate Officer/Owner Name: | | Title: | Ownership %: |
| Home Address: | | City: | State: Zip: |
| SSN: | Date of Birth: | Home #: | Cell#: |
| PARTNER INFORMATION | | | |
| Partner Name: | | Title: | Ownership %: |
| Home Address: | | City: | State: Zip: |
| SSN: | Date of Birth: | Home #: | Cell #: |
| BUSINESS PROPERTY INFORMATION | | | |
| Business Landlord or Business Mortgage Bank: | | Contact Name and/or Account #: | Phone #: |
| BUSINESS TRADE REFERENCES (Please list at least 3 trade suppliers. Please attach any additional references on a separate page.) | | | |
| Business Name: | | Contact, Account # or Fax #: | Phone #: |
| Business Name: | | Contact, Account # or Fax # | Phone #: |
| Business Name: | | Contact, Account # or Fax #: | Phone #: |
| OTHER INFORMATION | | | |
| Credit Card Processing Terminal(s)/Software Model: | Number of Terminals: | Avg. Monthly Credit Card Volume | Avg. Monthly Gross Sales Volume |
| Requested Advance Amount: | | Do you Accept: Visa/MasterCard Amex Discover Debit EBT Please circle all that apply. | |
| Prior/Current Cash Advance Company (if applicable): | | Balance: | Underwriter Use Only Split Funds __ ACH __ |
| Applicant(s) authorizes EZ Capital Inc. and its assigns, agents, banks or financial institutions to obtain an investigative or consumer report from a credit bureau or a credit agency and to investigate the references given on any other statement or data obtained from applicant. | | | |
|  _____ Applicant's Signature | | _____ Date | |
|  _____ 2 nd Applicant's Signature | | _____ Date | |