



**(888) 995-8202 (Phone)**  
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**www.EZCapitalInc.com**



**SEND BACK WITH THE FOLLOWING:**  
**LAST 4 MONTHS OF BUSINESS BANKING**  
**STAMENTS (ALL COMPLETE PAGES)**

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 #:
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 <sup>nd</sup> Applicant's Signature		_____ Date	