SEND BACK WITH THE LAST 4 MONTHS OF BANKING STATEMENTS (All Pages)

(888) 995-8202 (Phone) | (212) 913-9879 (Fax)
Apply@EZCapitalinc.com | www.EZCapitalInc.com

Business Legal Name:	**Business DBA Name:**
Physical Business Address:	**City:**
State:	**Zip:**
Business Phone Number:	**Business E-mail:**
Type Of Business: **Sole Prop, Partnership, LLC, Corporation**	**Products / Services Sold:**
Federal Tax ID Number:	**Start Date Of Ownership:**
Monthly Gross Revenue: $	**Purpose Of Funding:**
Owner #1 Name:	**Owner #2 Name:**
Address:	**Address:**
City:	**City:**
State:	**State:**
Zip:	**Zip:**
Mobile Phone:	**Mobile Phone:**
E-mail Address:	**E-mail Address:**
Date Of Birth:	**Date Of Birth:**
SS#:	**SS#:**
% Of Ownership:	**% Of Ownership:**
Landlord Name / Mortgage Company:	**Monthly Rent / Mortgage Payment:**
Requested Funding Amount:	**Do you have any Prior / Current Cash Advances? If so with who and what is the balance (s)?:**

By signing below, the Merchant and its owners / principles: (1) Certify that all information and documents submitted in connection with this application is true, correct and complete: and (2) Authorize EZ Capital, partners and lenders to receive credit reports and any other information regarding the Merchant and its owners and principles from third parties, to verify any information provided on the application. EZ Capital as we as its agents and affiliates, may contact you in writing, by e-mail, cell phone and text messages. EZ Capital, as its agents and affiliates, may contact you in these ways and other ways at any e-mails address or telephone number you provide EZ Capital, even if the telephone may be a cell phone number that result in a charge to you.

Signature: _____ Date: _____

Signature: _____ Date: _____