

APPLICATION CHECKLIST

PREPARED FOR:

Account Executive: _____

Phone Number: _____

Fax Number: _____

Additional Notes / Comments:

The following is a checklist to complete your Working Capital Application.

Part I: Documents Enclosed

This section lists the following applications contained in this package. Please complete all the forms in full.

- Working Capital Information Sheet - **1 page**
- Information Disclosure Letter - **1 page** - (*Landlord / Mortgage Statement, Deed, or Property Tax*)

Part II: Additional Documents Required

This section will deal with a list of materials we need you to provide us. Send us ALL the information listed below.

- A copy of a voided check
- A copy of driver's license for each signature. (*Everyone that has signed an application.*)
- An enlarged copy will help the clarity and expedite the application process.

Proof of Ownership:

- For Corporations, LLCs or Partnerships: EIN Verification Letter (*Can be obtained by calling the IRS at (800) 829-4933*)
- For Sole Proprietors: a document that shows the business owner name(s) and percentage(s) of the business owned. (*Some examples of such documents are Articles of Incorporation, LLC Member Agreement, Tax Return Schedule, etc...*)
- Food/Beverage merchants please include copy of liquor license if applicable
- Most recent month's business bank statements - **all pages**
- Complete Merchant Processing Statements for the last 4 months
- We need to see the summary section as well as daily transactions
- Are you currently in a cash advance program? Yes No
- If Yes, please include last month's statement from your current cash advance provider.
- Name of cash advance provider: _____

In order for your application to be processed in full, all items must be sent back and completed with signatures. Should you have further questions, please contact your account executive.

Once the application is conditionally approved, you will receive:
Working Capital Agreement

WORKING CAPITAL INFORMATION SHEET

BUSINESS INFORMATION

Legal/Corporate Name:		DBA:	
Physical Address:		City:	State: Zip Code:
Mailing Address (If different from physical address):		City:	State: Zip Code:
Telephone Number:	Fax Number:	Email Address:	Title:
Federal Tax ID:	Date Business Started (mo/day/yr):	State of Incorporation:	Product/Service Sold:
Type of Entity (Select one): <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other		Franchise Contact Information:	
Have you contemplated filing bankruptcy or have you spoken with an attorney or financial adviser regarding filing bankruptcy in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Type of Business (Select one): <input type="checkbox"/> Retail <input type="checkbox"/> Wholesale <input type="checkbox"/> Business Services <input type="checkbox"/> Consumer Services <input type="checkbox"/> Restaurant/Bar <input type="checkbox"/> Other			Website Address:

MERCHANT/OWNER INFORMATION

Corporate Officer/ Owner Name:		Title:	Length of Ownership: ____ Years ____ Months	
Home Address:		City:	State:	Zip Code: Ownership %:
Date of Birth (month/day/year):	Social Security:	Home Phone:	Cell Phone:	Driver License:

PARTNER INFORMATION (Required if less than 51% ownership)

Corporate Officer/ Owner Name:		Title:	Length of Ownership: ____ Years ____ Months	
Home Address:		City:	State:	Zip Code: Ownership %:
Date of Birth (month/day/year):	Social Security:	Home Phone:	Cell Phone:	Driver License:

BUSINESS PROPERTY INFORMATION

Business Landlord or Mortgage Bank:		Contact Name and/or Account No.:	Office/Mobile Number:
Own/Lease:	Time at This Location: ____ Years ____ Months	Monthly Rent or Mortgage: \$	Date Lease Ends (month/day/year):

BUSINESS TRADE REFERENCES

Business Name:	Contact or Account Number:	Phone Number:	Fax Number:
Business Name:	Contact or Account Number:	Phone Number:	Fax Number:

CREDIT CARD PROCESSING INFORMATION

Current Processing Company:	Current terminal Type or POS System:	No. of terminals:
Phone Number:	Advance Amount: \$	Total Gross Sales: \$
Do you usually close the business during part of the year? <input type="checkbox"/> Yes <input type="checkbox"/> No		Prior/Current Cash Advance Company (if applicable):
Any open State/Federal Tax Liens Against Business or Owner? <input type="checkbox"/> Yes <input type="checkbox"/> No Details:		Current Balance (if applicable): \$
Any Lawsuits or Judgments Pending against Business or Owner? <input type="checkbox"/> Yes <input type="checkbox"/> No Details:		

BUSINESS INFORMATION

Sales Profile (Must Equal 100%) Card Swiped: ____% + Manually Keyed with Imprint: ____% + Mail Order/Telephone Order: ____% + Internet Order: ____% = 100%	
Does merchant accept transactions before the customer receives product or services? <input type="checkbox"/> Yes <input type="checkbox"/> No	% of sales in this category? ____%
How long does customer wait before product is received? _____	% of cost that is prepayment: ____%
Does Merchant offer warranties, dues, subscriptions, memberships or other extended services? <input type="checkbox"/> Yes <input type="checkbox"/> No	Duration of extended services or benefits: (in weeks) _____
Is the Merchant seasonal: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list peak months: From _____ To _____
Monthly Visa/MasterCard Volume:	Average Ticket: High Ticket:

By signing below I/We certify the above information is true and correct as set forth in this worksheet. Applicant named above hereby authorizes AmeriMerchant, its affiliates, assigns, agents, bank or financial institutions to obtain an investigative report from credit agencies and also to investigate the trade references and any other references given on this application and/or on any other documents submitted by applicant for purpose of obtaining a working capital advance. Permission is also granted to share this information with affiliates of AmeriMerchant LLC to evaluate your approval for working capital products provided by these affiliates. By signing this Application you hereby grant AmeriMerchant LLC permission to contact your landlord/mortgager, banking relationship and/or Franchisor.

Signature _____	Title _____	Print Name _____	Date _____
Signature (Owner # 2) _____	Title _____	Print Name _____	Date _____

* Note: A voided check and a legible copy of your driver's license needs to be attached

