



AMELIA CAPITAL

START OR GROW YOUR BUSINESS TODAY

BUSINESS FUNDING APPLICATION

Legal/Corporate Name:		DBA:	
Physical Address:		City:	State: Zip:
Telephone #:	Fax #:	Email Address:	
Federal Tax ID:	Business Start Date:	Website:	
Type of Entity: Retail Sole Proprietorship Partnership Corporation LLC Other		State of Incorporation:	Length of Ownership:
Type of Business (circle all Retail MO/TO that apply): Other Retail MO/TO Wholesale Restaurant Supermarket Others		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 #:
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BUSINESS TRADE REFERENCES

(Please list at least 3 trade suppliers. Please attach any additional references on a separate page.)

Business Name:	Contact Name and/or Account #:	Phone #:
Business Name:	Contact Name and/or Account #:	Phone #:
Business Name:	Contact Name and/or Account #:	Phone #:

PROCESSING INFORMATION

Processing Company:	Monthly Volume:	
Requested Advance Amount:	Requested Daily Withholding:	Requested Process: <input type="radio"/> ACH <input type="radio"/> Split
Prior/Current Cash Advance Company (if applicable):	Balance:	

The Merchant and Owner(s)/Officer(s) identified above (individually, an "Applicant") each represents, acknowledges and agrees that (1) all information and documents provided to Representative including credit card processor statements are true, accurate and complete, (2) Applicant will immediately notify Representative of any change in such information or financial condition, (3) Applicant authorizes Representative to disclose all information and documents that Representative may obtain including credit reports to other persons or entities (collectively, "Assassinates") that may be involved with or acquire commercial loans having daily repayment features or purchases of future receivables including Merchant Cash Advance transactions, including without limitation the application therefor (collectively, "Transactions"), and each Assent is authorized to use such information and documents, and share such information and documents with other Assassinates, in connection with potential Transactions, (4) Representative and each Assent will rely upon the accuracy and completeness of such information and documents, (5) Representative, Assassinates, and each of their representatives, successors, assigns and design (collectively, "Recipients") are authorized to request and receive any investigative reports, credit reports, statements from creditors or financial institutions, verification of information, or any other information that a Recipient deems necessary, (6) Applicant waives and releases any claims against Recipients and any information. Providers arising from any act or omission relating to the requesting, receiving or release of information, and (7) each Owner/Officer represents that he or she is authorized to sign this form on behalf of Merchant. A copy of this authorization may be accepted as an original. The term "Representative" shall mean any funding source looking to over, make available, or provide to the Merchant access to loans or merchant cash advances based on such Merchant's future receivables or sales and/or structured with a periodic repayment feature.

Corporate Officer:	Partner:
Print Name:	Print Name:
Date:	Date:

Please attach all documents below:
 1. Last three months of business bank statements
 2. Last three months of business credit card statements (if applicable)
 You may attach any additional documents at your discretion.