



FACTOR FUNDING COMPANY  
*Providing Funding for Businesses Since 1996*

# MERCHANT PRE-QUALIFICATION FORM

Phone: 713-660-8300 Toll free: 866-717-2274 Fax: 713-660-8311

AFTER FILLING OUT THIS APPLICATION, PLEASE EMAIL IT AND ALL NECESSARY SUPPORT DOCUMENTS TO [apply@factorfunding.com](mailto:apply@factorfunding.com) OR FAX TO 713-660-8311

## BUSINESS INFORMATION

Business Legal Name: \_\_\_\_\_ Business DBA Name: \_\_\_\_\_

Type of Business Entity (Check One)      Corporation      Limited Liability Company      Partnership      Limited Partnership      Limited Liability Partnership      Sole Proprietor

Does the Merchant have any other business with open contracts for working capital? (Check One).      Yes      No      State of Incorporation: \_\_\_\_\_      Use of Proceeds: \_\_\_\_\_

Physical Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Billing Street Address (If different from above): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Physical Location Phone #: \_\_\_\_\_ Billing Location Phone #: \_\_\_\_\_ Preferred Contact Phone #: \_\_\_\_\_

Industry Type: (SIC Code or Description): \_\_\_\_\_ Rented Ammount: \_\_\_\_\_ Mortgaged      Current Credit Card Processor: \_\_\_\_\_

Gross Annual Sales (Previous year's Tax return): \_\_\_\_\_ Date the Business first processed Credit Cards under current Ownership/Business Start Date: \_\_\_\_\_ Average Monthly Credit Card Volume: \_\_\_\_\_

List the total VISA/MasterCard processing volumes from previous four months:

Last Month:	Two Months Ago:	Three Months Ago:	Four Months Ago:
\$ _____ # Tickets: _____	\$ _____ # Tickets: _____	\$ _____ # Tickets: _____	\$ _____ # Tickets: _____

Owner/Officer      Primary Contact      Job Title: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ SS#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## AUTHORIZATIONS

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 Factor Funding Company ("FFC") including credit card processor statements are true, accurate and complete, (2) Applicant will immediately notify FFC of any change in such information or financial condition, (3) Applicant authorizes FFC to disclose all information and documents that FFC may obtain including credit reports to other persons or entities (collectively, "Assignees") 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 Assignee is authorized to use such information and documents, and share such information and documents with other Assignees, in connection with potential Transactions, (4) each Assignee will rely upon the accuracy and completeness of such information and documents, (5) FFC, Assignees, and each of their representatives, successors, assigns and designees (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.

**Owner/Officer's Name: (Print)** \_\_\_\_\_

**Owner/Officer's Signature:** x \_\_\_\_\_ **Date:** \_\_\_\_\_

Merchant Cell Phone# \_\_\_\_\_ Merchants Fax# \_\_\_\_\_

Landlord Name \_\_\_\_\_ Landlord Contact # \_\_\_\_\_

Business Federal Tax Id# \_\_\_\_\_ Business Website Adress \_\_\_\_\_ Any Judgements/Liens?      Yes      No

Is your business Seasonal?      Yes      No      If Yes , what are the peak months? \_\_\_\_\_ Any Open Bankrupcies?      Yes      No

Second owner name and % of ownership \_\_\_\_\_ / \_\_\_\_\_ %

Business Trade Reference #1 \_\_\_\_\_ Phone# \_\_\_\_\_

Business Trade Reference #2 \_\_\_\_\_ Phone# \_\_\_\_\_

Business Trade Reference #3 \_\_\_\_\_ Phone# \_\_\_\_\_