



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 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# _____