



The 3 Minute Merchant Application

Fax to (866) 588-0921

MERCHANT INFORMATION:

Legal Business Name: _____ DBA Name: _____ % Ownership: _____
 Physical Address: _____ City: _____ State: _____ Zip: _____
 Business Phone: (____) _____ - _____ Business Fax: (____) _____ - _____ Email: _____
 Ttl Monthly Sales (cc & cash): _____ Type of Business: _____ Years in Business: _____ Business Open Date: _____
 Time Remaining on Site Lease/Mort.: _____ Landlord/Agent Name: _____ Landlord/Agent Phone#: _____
 Number of Locations: _____ 9-Digit Federal Tax ID number: Is your business for sale? Yes No
 Amount Requested: _____ Have you ever filed for bankruptcy? Yes No
 Intended Use of Cash Advance: _____ Do you have any federal or state tax liens? Yes No
 Have you previously had a cash advance? Yes No If yes, please supply payoff confirmation. Is your business seasonal? Yes No

CREDIT CARD PROCESSOR INFORMATION:

Current Processor: _____ Merchant Account Number: _____
 Terminal Type currently used: _____ Number of Terminals at Location: _____
 Length of Time with Current Processor: Years _____ Months _____

PRINCIPAL OWNER INFORMATION:

Principal Owner Name: _____ Social Security Number: -- D.O.B.: ____/____/____
 Home Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: (____) _____ - _____ Mobile: (____) _____ - _____
 How Long at Home Address: _____ Number of years at previous home address: _____ Estimated Current Annual Income \$ _____
 2nd Owner Name: _____ Social Security Number: -- D.O.B.: ____/____/____
 Home Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: (____) _____ - _____ Mobile: (____) _____ - _____
 How Long at Home Address: _____ Number of years at previous home address: _____ Estimated Current Annual Income \$ _____

PLEASE FAX THE FOLLOWING WITH YOUR APPLICATION TO (866) 588-0921:

- ____ COMPLETED THREE MINUTE APPLICATION
- ____ PICTURE ID
- ____ VOIDED BUSINESS CHECK
- ____ YOUR LAST FOUR (4) MONTHS OF VISA/MASTERCARD STATEMENTS

Partner Information

Partner ID No.: _____ Partner Contact: _____