

Business Information

Legal/Corp Name: <input type="text"/>		DBA: <input type="text"/>	
Physical Address: <input type="text"/>		City: <input type="text"/>	State: <input type="text"/> Zip: <input type="text"/>
Tel: <input type="text"/>	Fax: <input type="text"/>	Federal Tax ID: <input type="text"/>	
Start Date: <input type="text"/>	Website: <input type="text"/>	Email: <input type="text"/>	
Type of Entity: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> S-Corp <input type="checkbox"/> Other			
Type of Business: (Check all that apply)			Products & Services Sold <input type="text"/>
<input type="checkbox"/> Restaurant <input type="checkbox"/> Supermarket <input type="checkbox"/> Retail <input type="checkbox"/> Medical <input type="checkbox"/> Wholesale <input type="checkbox"/> MO/TO <input type="checkbox"/> Other			

Owner/Officer #1

Full Name: <input type="text"/>	Title: <input type="text"/>	Ownership Percentage: <input type="text"/>
Address: <input type="text"/>	City: <input type="text"/>	State: <input type="text"/> Zip: <input type="text"/>
DOB: <input type="text"/>	SSN: <input type="text"/>	Home #: <input type="text"/> Cell #: <input type="text"/>

Owner/Officer #2

Full Name: <input type="text"/>	Title: <input type="text"/>	Ownership Percentage: <input type="text"/>
Address: <input type="text"/>	City: <input type="text"/>	State: <input type="text"/> Zip: <input type="text"/>
DOB: <input type="text"/>	SSN: <input type="text"/>	Home #: <input type="text"/> Cell #: <input type="text"/>

Vendor References

Company: <input type="text"/>	Contact: <input type="text"/>	Phone: <input type="text"/>
Company: <input type="text"/>	Contact: <input type="text"/>	Phone: <input type="text"/>
Company: <input type="text"/>	Contact: <input type="text"/>	Phone: <input type="text"/>

Business Property Information

Do you : <input type="checkbox"/> Own <input type="checkbox"/> Lease <input type="checkbox"/> Home Based	Landlord Name or Mortgage Company: <input type="text"/>
Landlord Contact #: <input type="text"/>	Rent/Mortgage amount: <input type="text"/> Are you current on rent/mortgage: <input type="text"/>

Merchant Processing and Other Information

Visa/MC Monthly amount: <input type="text"/>	Total Monthly Gross: <input type="text"/>	Gross Annual Sales: <input type="text"/>
Do you accept Amex: <input type="text"/>	POS/Terminal Type/Software: <input type="text"/>	Requested Amount: <input type="text"/>
Any existing Cash Advance? If so, what is the balance and name of the company? <input type="text"/>		
Do you have any open tax liens, bankruptcies, UCC-1's or judgement's against you? <input type="text"/>		

Authorization

By signing below, each of the above listed business and business owner/officer (individually and collectively, "you") authorize iCapital Cash Inc. ("iCapital") and each of its representatives, successors, assigns and designees ("Recipients") 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") to obtain consumer or personal, business and investigative reports and other information about you, including credit card processor statements and bank statements, from one or more consumer reporting agencies, such as TransUnion, Experian and Equifax, and from other credit bureaus, banks, creditors and other third parties. You also authorize iCapital to transmit this application form, along with any of the foregoing information obtained in connection with this application, to any or all of the Recipients for the foregoing purposes. You also consent to the release, by any creditor or financial institution, of any information relating to any of you, to iCapital and to each of the Recipients, on its own behalf.

Applicant Signature: <input type="text"/>	Date: <input type="text"/>
Partner Signature: <input type="text"/>	Date: <input type="text"/>