



**SEND WITH 3 MONTHS BANK AND MERCHANT STATEMENTS TO - [INFO@NEALFUNDING.COM](mailto:INFO@NEALFUNDING.COM)**

<b>BUSINESS INFORMATION</b>			
Legal/Corporate Name:		DBA:	
Physical Address:		City:	State: Zip:
Telephone #:	Fax #:	Federal Tax ID:	
Date Business Started:	Length of Ownership:	Website:	
Type of Entity (circle one): Sole Proprietorship Partnership Corporation LLC Other			Email Address:
Type of Business (circle all that apply): Retail MO/TO Wholesale Restaurant Supermarket Other			Product/Service Sold:
<b>MERCHANT/OWNER INFORMATION</b>			
Corporate Officer/Owner Name:		Title:	Ownership %:
Home Address:		City:	State: Zip:
SSN:	Date of Birth:	Home #:	Cell #:
<b>PARTNER INFORMATION</b>			
Partner Name:		Title:	Ownership %:
Home Address:		City:	State: Zip:
SSN:	Date of Birth:	Home #:	Cell #:
<b>BUSINESS PROPERTY INFORMATION</b>			
Business Landlord or Business Mortgage Bank:		Contact Name and/or Account #:	Phone #:
<b>BUSINESS TRADE REFERENCES</b> (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 #:
Business Name:		Contact Name and/or Account #:	Phone #:
<b>AGENT USE ONLY</b>			
Processing Company:		Number of Terminals:	Terminal Type
Requested Advance Amount:		Requested Daily Withholding:	Monthly Volume:
Prior/Current Cash Advance Company (if applicable):		Balance:	
<p>Applicant authorizes company, its assigns, agents, banks or financial institutions to obtain an investigative or consumer report from a credit bureau or a credit agency and to investigate the references given on any other statement or data obtained from applicant.</p>			
Applicant's Signature		Date	