Phone: 866-629-4464
Fax: 718-435-5005
Email:

BUSINESS INFORMATION

Legal/Corporate Name		DBA	
Physical Address		City	State / Zip Code
Mailing Address (If different from physical address)		City	State / Zip Code
Telephone Number (__ __ __) __ __ __ - __ __ __ __	Date Business Started (mo/day/yr) __ __ / __ __ / __ __ __ __	State of Incorporation	Federal Tax ID
Fax Number (__ __ __) __ __ __ - __ __ __ __	Hours of Operation	Product/Service Sold	
Type of Entity (Select One) ☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ LLC ☐ Other		Email Address	
Type of Business (Select One) ☐ Retail ☐ Wholesale ☐ Business Services ☐ Consumer Services ☐ Restaurant/Bar ☐ Other		Website Address	

MERCHANT/OWNER INFORMATION

Corporate Officer/Owner Name	Title		Length of Ownership ____Years and ____ Months	
Home Address	City	State	Zip Code	Ownership %
Date of Birth(month/day/year) __ __ / __ __ / __ __ __ __	Social Security Number __ __ __ - __ __ __ - __ __ __ __	Home Phone Number (__ __ __) __ __ __ - __ __ __ __	Cell Phone Number (__ __ __) __ __ __ - __ __ __ __	

PARTNER INFORMATION

Corporate Officer/Owner Name	Title		Length of Ownership ____ Years and ____ Months	
Home Address	City	State	Zip Code	Ownership %
Date of Birth(month/day/year) __ __ / __ __ / __ __ __ __	Social Security Number __ __ __ - __ __ __ - __ __ __ __	Home Phone Number (__ __ __) __ __ __ - __ __ __ __	Cell Phone Number (__ __ __) __ __ __ - __ __ __ __	

BUSINESS PROPERTY INFORMATION

Own/Lease	Time at This Location ____ Years ____ Months	Monthly Rent or Mortgage $	Date Lease Ends(month/day/year) __ __ / __ __ / __ __ __ __
Business Landlord or Mortgage Bank	Contact Name and/or Account No.		Office/Mobile Number (__ __ __) __ __ __ - __ __ __ __

BUSINESS TRADE REFERENCES

Business Name	Contact or Account Number	Phone Number (__ __ __) __ __ __ - __ __ __ __	Fax Number (__ __ __) __ __ __ - __ __ __ __
Business Name	Contact or Account Number	Phone Number (__ __ __) __ __ __ - __ __ __ __	Fax Number (__ __ __) __ __ __ - __ __ __ __
Business Name	Contact or Account Number	Phone Number (__ __ __) __ __ __ - __ __ __ __	Fax Number (__ __ __) __ __ __ - __ __ __ __

OTHER INFORMATION

Current Processing Company	No. of termina	Average Monthly Credit Card Sales $	Average Monthly Total Sales (Cash, Check and Credit) $	
Requested Advance Amount $	Requested Daily Withholding _____% credit card receipts)	Highest Volume Months (please circle months, or N/A if no seasonality) Jan Feb Mar Apr May June July Aug Sep Oct Nov Dec N/A		
Prior/Current Cash Advance Company *(if applicable)*	Current Balance _ *(if applicable)*	Do you usually close the business during part of the year? ☐ Yes ☐ No Details:		
Any open State/Federal Tax Liens Against Business or Owner? ☐ Yes ☐ No Details:		Any Lawsuits or Judgments Pending against Business or Owner? ☐ Yes ☐ No Details:		

Applicant authorizes MAX ADVANCE LLC its assigns, agents, bank or financial institutions to obtain and 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.

_____ ____/____/_____ _____ ____/____/_____

Applicant's Signature Date Co-Signature Date