



Merchant Application

FAX COMPLETED APPLICATION TO:
(321) 559-8455 Or email to
info@remittancecapitalmanagement.com

Sales Representative #
Name
Contact #

BUSINESS INFORMATION

Type of Entity (check one)	<input type="checkbox"/> Corporation <input type="checkbox"/> S Corporation	<input type="checkbox"/> General Partnership <input type="checkbox"/> Nonprofit	<input type="checkbox"/> LLC <input type="checkbox"/> Other	<input type="checkbox"/> LP	<input checked="" type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> LLP	Federal ID
Merchants Legal Name			D/B/A			Business Phone	
Physical Address			City, State, Zip			Business Fax	
Mailing Address / Billing Address			City, State, Zip			Use of Proceeds	
Business Type; Product/Service Sold	State of Incorporation/Organization	Date business started (mm/yy)	Length of Ownership				
Contact Name	Position	Email Address	Web Address		Requested Advance Amount		

MERCHANT/OWNER INFORMATION (1)

Corporate Officer/Owner Name	Title	Social Security Number	Date of Birth	Ownership %
Driver's License & State	Home Phone Number	Cell Phone Number		Email Address
Residence Address			City, State, Zip	

OWNER INFORMATION (2) – ONLY IF MERCHANT/OWNER (1) IS LESS THAN 51% (both Owners must exceed 51%)

Corporate Officer/Owner Name	Title	Social Security Number	Date of Birth	Ownership %
Driver's License & State	Home Phone Number	Cell Phone Number		Email Address
Residence Address			City, State, Zip	

SALES & CREDIT CARD PROCESSING INFORMATION

Visa/MasterCard: Card Swipe ____% Manually Keyed ____% Phone/Mail Order ____% Internet ____% Total (100%)	Avg. Gross Monthly Sales (Cash, Checks, Credit Cards)		
Seasonal Sales: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, high volume months: <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec			
# of Terminals	Terminal Make & Model	Software Type / POS System	Software Type / POS System - Contact Name & Phone

BACKGROUND INFORMATION

Are you currently paying back a cash advance? YES NO If Yes, Company: _____ When taken out? _____ Balance: _____

Are you currently behind on any of the following? YES NO If Yes, How much? Utilities: _____ Sales Tax: _____ Liquor Tax: _____ Rent: _____ Bank Loans: _____

Any State / Federal Liens against the owners or business? (sales tax, mixed beverage, 941, etc.) YES NO If Yes, Details: _____

Have you ever filed for Bankruptcy? YES NO If Yes, Details: _____

Do you have any Lawsuits or Judgments against you or your business pending? YES NO If Yes, Details: _____

TRADE REFERENCE (1) Business Name	Contact, Account Number	Phone Number
TRADE REFERENCE (2) Business Name	Contact, Account Number	Phone Number

BUSINESS PROPERTY INFORMATION

Own/Lease	Lease Start Date	Lease Term	Monthly Rent/Mtg	Type of Building	Square Footage (approx)
Landlord / Mortgage Company		Contact Name	Phone Number	Fax	

1. Application must include a copy of a voided check, each owner's valid driver's license, and your valid business license.
2. REMITTANCE CAPITAL MANAGEMENT will conduct independent due diligence of each Merchant that desires financing from REMITTANCE CAPITAL MANAGEMENT, and REMITTANCE CAPITAL MANAGEMENT may deny financing to any applicant at its sole discretion.
3. Merchant acknowledges and agrees that a consumer or investigative report, including a credit check with recognized credit reporting agency(s), may be conducted in connection with this Application. Merchant hereby authorizes REMITTANCE CAPITAL MANAGEMENT and its agents and representatives to (i) initiate such reports, investigations and/or credit checks, (ii) investigate any statements made or data received from or about Merchant and/or its owners/share holders, and (iii) contact any references given by Merchant or its owners/shareholders.
4. Application must include your last 3 complete, consecutive credit card statements, and 3 months bank statements.
5. All information must be completed.

Owner (1) Signature _____ Date _____ Owner (2) Signature _____ Date _____