



## Application

BUSINESS INFORMATION			
Merchant's Legal/Corporate Name:		DBA:	
Physical Address:		City, State, Zip:	
Mailing Address (if different):		City, State, Zip:	
Telephone#	Fax#	Federal Tax ID:	
Date Business Started:	Length of Ownership:	Website:	
Type of Entity (circle one) Corporation General Partnership LLC LP Sole Proprietorship LLP S-Corporation Nonprofit Other		Email Address:	
Merchant's State of Formation (Legal Domicile):			
Merchant Type: <input type="checkbox"/> Restaurant <input type="checkbox"/> Lodging <input type="checkbox"/> Retail <input type="checkbox"/> Service <input type="checkbox"/> Internet <input type="checkbox"/> Home-based <input type="checkbox"/> Automotive <input type="checkbox"/> Not for profit <input type="checkbox"/> Manufacturing <input type="checkbox"/> Wholesale / Distribution <input type="checkbox"/> RE Holding / Development <input type="checkbox"/> Transportation <input type="checkbox"/> Other			
Credit Cards Accepted: Visa Y/N MasterCard Y/N AMEX Y/N Discover Y/N			
Annual Total Sales \$		\$Credit Card Sales as % of Total	
Secured Debt Outstanding Y / N		Current Balance \$	Name of Bank or Company
Unsecured Debt Outstanding Y / N		Current Balance \$	Name of Bank or Company
Own or Rent Business Premises:	Monthly Amount \$:	Landlord Name	Landlord Phone #
Funding Amount Requested \$:		Use of Funds:	
OFFICER / OWNER INFORMATION			
Corporate Officer / Owner Name:		Title:	Ownership %:
Home Address:		City, State, Zip:	
Social Security#:	Birth Date:	Home#:	Cell#
Own/Rent:	Years There:	Driver's License#	State
<b>Please Complete Additional Application(s) for Additional Owner(s)</b>			
Trade References			
Name:	Address:	Phone	
Name:	Address	Phone	
Name:	Address:	Phone:	
By submitting this application, the person(s) listed above agree to the following:			
Applicant hereby authorizes Genesis Funding and their affiliates, assigns, agents, banks or financial institutions to obtain an investigative or consumer report from a credit bureau or credit agency and to investigate the business information given on any other statement or data obtained from applicant. Applicant, your name below represents your signature. Signing below further represents that all the information contained herein is complete and accurate. This authorization will be valid for two (2) years from the date below.			
X _____ <b>Applicant(s) Signature</b>		_____ <b>Date</b>	