



AMERICAN MERCHANT FINANCIAL

Phone (203) 917-4711 Fax: (203) 504-7945

MERCHANT INFORMATION

Legal Business Name _____ DBA _____

Business Phone Number _____ Fax _____

Business Address _____ City _____ State _____ Zip _____

Do you Rent or Own _____ Monthly Payment (mortgage or rent) _____ Federal Tax ID Number _____

Type of Business (Check one) Corp. Sole Proprietor LLC P.C Number of employees _____ Date Started _____

Average Mo. Sales _____ Last Years Gross Sales _____ Do you currently have a cash advance ____ (If yes) Name of Current Company _____

Balance of Advance _____ Withhold _____ Amount Requested _____ Have you ever filed for bankruptcy _____

Do you have any Federal or State Tax Liens _____ Nature of Business _____ Purpose for Funds _____

PRINCIPAL AND PARTNER INFORMATION

Principal Owners Full Name _____ D.O.B. _____ Place of Birth (City, State) _____

Social Security Number _____ Home /Cell Phone Number _____ Driver's License No. _____

Home Address _____ City _____ State _____ Zip _____

Percent Owned _____ Mortgage or Rent Payment _____ Years at Current Address _____ Rent or Own _____

Partner's Full Name _____ D.O.B. _____ Place of Birth (City, State) _____

Social Security Number _____ Home /Cell Phone Number _____ Driver's License No. _____

Home Address _____ City _____ State _____ Zip _____

Percent Owned _____ Mortgage or Rent Payment _____ Years at Current Address _____ Rent or Own _____

REFERENCES

Landlord Name _____ Phone Number _____ Monthly Rent Amount _____

Time remaining on Lease _____ Years at Location _____ Are you Current with Rent Payments _____

Trade Reference 1 _____ Contact _____ Phone Number _____

Trade Reference 2 _____ Contact _____ Phone Number _____

AUTHORIZATION

I certify that the information provided on this application is true and correct to the best of my knowledge. As well as I give authorization to American Merchant Financial Services LLC or a third party to request a credit report from any of the credit bureaus selected by American Merchant Financial Service LLC or a third party to assess the eligibility to take part in the merchant advance program offered by American Merchant Financial Services, LLC or a third party.

Primary Owners Signature _____ Partner's Signature _____

X _____ Date _____ X _____ Date _____

Printed Name _____ Printed Name _____

PLEASE FILL OUT COMPLETELY AND FAX BACK TO (203) 504-7945