

LOAN APPLICATION

Main Office 5791 NW 151Th St.Miami Lakes FL33014 Unit-A Call us: (800) 674-0757

E-MAIL

Sales	Agent:					
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Company Information

Social Security No:

Date of Birth:

E-mail Address:

16 3624	
Legal Company Name (& DBA):	
Website:	Industry:
Incorporation State: Tax ID:	Legal Entity: O LLC O Corporation O Sole Prop.
Business Address:	City: State: Zip:
Business Start Date:	Business Telephone #:
Average Monthly Revenue: \$	Monthly Credit Card Processing: \$
Requested Financing Amount: \$	Use of Funds:
Existing business loan/advance? OYes O	No If yes, list the loan balances: \$
Do you Own or Rent Location? O Rent O	Own Monthly Rent/Mortgage: \$
Landlord/Bank Name:	Landlord Phone #:
Business Owner Information (1	1) Business Owner Information (2)
% Ownership:	
X X (X	% Ownership:
Home Address:	Home Address:
City: State: Zip:	City: State: Zip:
Cell Phone #:	Cell Phone #:
Credit Score (Estimate):	Credit Score (Estimate):

The Merchant and Owner(s)/Officer(s) identified above (individually, an "Applicant") each represents, acknowledges and agrees that (1) all information and documents provided to AJ capital funding ("Company") including credit card processor statements are true, accurate and complete, (2) Applicant will immediately notify Company of any change in such information or financial condition, (3) Applicant authorizes Company to disclose all information and documents that Company may obtain including credit reports to other persons or entities (collectively, "Assignees") that may be involved with or acquire commercial loans or purchases of future receivables including Merchant Cash Advance transactions, including without limitation the application therefore (collectively, "Transactions") and each assignee is authorized to use such information and documents and share such information and documents with other Assignees, in connection with potential Transactions, (4) Each Assignee will rely upon the accuracy and completeness of such information and documents (5) Company, Assignees, and each of their representatives, successors, assigns and designees (collectively, "Recipients") are authorized to request and receive any investigative reports, credit reports, statements from creditors or financial institutions, verification of information, or any other information that a recipient deems necessary, (6) Applicant waives and releases any claims against Recipients and any information providers arising from any act or omission relating to the requesting, receiving or release of information, and (7) Each Owner/Officer represents that he or she is authorized to sign this form on behalf of Merchant.

Social Security No:

Date of Birth:

E-mail Address:

Signature (1):		Signature (2):		
Title (1):	Date (1):	Title (2):	Date (2):	