



CREDIT APPLICATION

Merchant Pre-Qualification Form		
Date:	Amount Requested:	Purpose of Loan:

Business Information			
Legal / Corporate Name:		DBA:	
Industry:		Product / Services Sold:	
Gross Monthly Revenue:	Do you Accept Credit Cards: <input type="checkbox"/> Y <input type="checkbox"/> N	Merchant Processor:	Average # Credit Card Sales:
Entity Type:	State Incorporated:	Business Start Date: (mm/dd/yyyy)	
Telephone Number:	Fax Number:	Federal Tax ID Number:	
Mobile Number:	Email Address:		
Business Address:	City:	State:	Zip Code:
Website:	Landlord Name:	Landlord Number:	
Any Outstanding Loans:	Lender:	Balance:	Date Taken:

Owner (s) Information			
First Name:	Middle Initial:	Last Name:	Title:
Physical Address:	City:	State:	Zip Code:
Percentage Ownership:	DOB: (mm/dd/yyyy)	Social Security Number:	
First Name:	Middle Initial:	Last Name:	Title:
Physical Address:	City:	State:	Zip Code:
Percentage Ownership:	DOB: (mm/dd/yyyy)	Social Security Number:	

AUTHORIZATIONS: By signing below, each of its representatives, successors, assigns and designee's ("Recipients") that may be involved with or acquire commercial loans having daily repayment features or purchase of future receivables including Merchant Cash Advance transactions, including without limitation the application therefor (collectively, "Transactions") to obtain consumer or personal, business and investigative reports and other information about you, including credit card processor statements and bank statements, from one or more consumer reporting agencies, such as TransUnion, Experian and Equifax, and from other credit bureaus, banks, creditors and other third parties. You also authorize Kessler Financial & Associates to transmit this application form, along with any of the foregoing information obtained in connection with this application, to any or all of the recipients for the foregoing purposes. You also consent to the release, by any creditor or financial institution, of any information relating to any of you, to Kessler Financial & Associates and to each of the Recipients, on its own behalf.:

Owner / Officer Signature:	Date:
Owner / Officer Signature:	Date: