



2264 Silas Deane Highway Rocky Hill, CT. 06067
Toll Free: 855-249-7627 Fax: 855-286-8488
www.AdvanceSmart.com

Advance Smart Application for Financing

Date: Sales Rep # Sales Rep Name:

Applicant Information

Legal Business Name:

Doing Business As:

Physical Address:

City, State, Zip: Federal Tax ID:

Telephone No: Own/Lease: Own Lease

Facsimile No: E-Mail:

Accountant: Accountant's Phone:

Legal Entity Type: Corporation Limited Liability Company
General Partnership Limited Partnership Sole Proprietorship

Business start date under current ownership: State of Incorporation/Organization:

Type/Description of Business:

Additional location address if any:

Landlord/Mortgage Co: Telephone No:

Current Term: From: To: Monthly Pmt \$:

Option to Renew: # of Options: Years: Payment Current?: Yes No

Business location Rented or Mortgage # of employees:

Last 4 months sales volume: Gross: \$ # of deposits # of negative days

Previous Tax Return Gross \$ VS/MC \$ # of tickets American Express \$

Is Your Business Seasonal?: Yes No Month High Season Begins and Ends: to

Name of Your Credit Card Processor: Telephone No:

of Credit Card Terminals at this Location: Does the Applicant have Multiple Merchant Accounts: Yes No

Name of P.O.S. if Any: P.O.S. Vendor Phone No:

Has Applicant or any of its Affiliates ever been in Bankruptcy?: Yes No State:

Are any Judgments, Suits or Liens Pending against the Applicant?: Yes No

Financing Information

Desired Amount: \$ Minimum Amount of the Request: \$

Purpose of Proceeds:

Does the Applicant Currently have Outstanding Advance with other Cash Advance/Funding Companies?: Yes No

Name of the Cash Advance Company: Date of Funding:

Original Funding Amount: Current Balance: Daily Payment:



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Does the Applicant Currently have Outstanding Loan with **Traditional Banks/SBA Lender?** : Yes No

Name of the Bank: _____ Date of Loan: _____
Original Loan Amount: _____ Current Balance: _____ Due Date: _____

Banking Information

Name of the Bank: _____
Routing Number: _____ Account Number: _____
Contact Name: _____ Contact Phone No: _____

By signing below, each of the above listed business and business owner/officer (individually and collectively, "you") authorize Advance Smart, LLC and each of its representatives, successors, assigns and designees ("Recipients") that may be involved with or acquire commercial loans having daily repayment features or purchases 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 Advance Smart, LLC 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 Advance Smart, LLC and to each of the Recipients, on its own behalf.

Principal #1

Name: _____ Date of Birth: _____
Title: _____ Social Security Number: _____
Residence Address: _____ Residence Phone: _____
City, State, ZIP: _____ Cell Phone: _____
Length at Residence: _____ Years _____ Months _____ Ownership Percentage: _____ %
Signature: _____ **Date :** _____

Principal #2

Name: _____ Date of Birth: _____
Title: _____ Social Security Number: _____
Residence Address: _____ Residence Phone: _____
City, State, ZIP: _____ Cell Phone: _____
Length at Residence: _____ Years _____ Months _____ Ownership Percentage: _____ %
Signature: _____ **Date :** _____