



Smart Business Funding

601 Ocean Parkway #8E, Brooklyn NY 11218
PHONE: (917) 533-2979 FAX: (347)-402-1650

FUNDING APPLICATION

Please complete this application and return with 3 months bank statements to receive a formal funding approval. There are no fees, charges or obligations associated with obtaining a pre-approval. Pre-approval does not constitute a funding commitment.

FAX: (347) 402-1650 • EMAIL: ANTHONY@SMARTBUSINESSFUNDER.COM

A. BUSINESS INFORMATION

Business Legal Name:		Business DBA Name:	
Street Address:		City:	
State:	Zip:	Phone:	
Website:		Mobile:	
Legal Entity:	Corp Sole Prop LLC Partnership	Fax:	
Business Location:	Store Front Office Home Other	Email:	
Date Business Started:		Federal State Tax #:	

B. OWNER/PRINCIPLE INFORMATION

OWNER #2 (IF APPLICABLE)

Name:		Name:	
Address:		Address:	
City, State Zip:		City, State Zip:	
Phone:		Phone:	
Email:		Email:	
% of Ownership:	Date of Birth:	% of Ownership:	Date of Birth:
SSN#:		SSN#:	
Driver's License #		Driver's License #	

C. TRADE REFERENCES

Company:	Contact Person:	Phone:
Company:	Contact Person:	Phone:
Company:	Contact Person:	Phone:

D. LANDLORD OR MORGAGE INFORMATION

Landlord / Morgage Contact Number :	Landlord / Morgage Contact Person:	Rent / Morgage Monthly Amount:
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By signing below, the Merchant and its owners / principals: (1) certify that all information and documents submitted in connection with this Application is true, correct and complete; and (2) authorize Business Capital LLC , to receive credit reports and any other information regarding the Merchant and its owners and principals from third parties, to verify any information provided on the Application.

Owner/Principle Signature: _____ Owner/Principle Signature: _____

Print Name: _____ Date: _____ Print Name: _____ Date: _____