



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 REFRENCES

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:
-------------------------------------	------------------------------------	--------------------------------

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 SMART BUSINESS FUNDING and each of its representatives, successors, assigns and designees("Recipients") 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: _____