



Continental Finance Capital Corporation

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COMPANY INFORMATION **MERCHANT PRE QUALIFICATION FORM**

Business Name (Legal & DBA):		Loan Amount:			
Type of Business (Please be specific): Non-Profit Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Ltd. Partnership <input type="checkbox"/> LLP <input type="checkbox"/> Sole Proprietor <input type="checkbox"/>		Primary Business Structure: (Check All That Apply) Home Based Business <input type="checkbox"/> Franchise <input type="checkbox"/> E-Commerce <input type="checkbox"/> None of the Above <input type="checkbox"/>		Does the Merchant have any open MCA or loan accounts? (Check One) Yes <input type="checkbox"/> No <input type="checkbox"/>	Fed Tax ID #:
Industry Type: (Describe)	Current Credit Card Processor:	State of Incorporation:	Use of Proceeds:	Business Start Date under current Ownership:	Merchant Email Address:
Physical Street Address:		City:	State:	Zip:	Physical Location Phone #:
Billing Street Address (if different than above):		City:	State:	Zip:	Billing Location Phone #:
Preferred Contact Phone #:		Business Location(s): Rented <input type="checkbox"/> Mortgaged <input type="checkbox"/> Monthly Payment:	Avg. Monthly Credit Card Volume:	Avg. Transaction Amount:	Gross Annual Sales (from previous year's Tax return):
List the Total Business Bank Deposits and Days with a Negative Balance	# of	Last Month: -Total Bus Bank Deposits: \$ _____ # of Days with a Negative Balance: _____	Two Months Ago: -Total Bus Bank Deposits: \$ _____ # of Days with a Negative Balance: _____	Three Months Ago: -Total Bus Bank Deposits: \$ _____ # of Days with a Negative Balance: _____	Four Months Ago: -Total Bus Bank Deposits: \$ _____ # of Days with a Negative Balance: _____
List the Total Visa MasterCard volumes:	# of	Last Month: \$ _____ # Tickets: _____	Two Months Ago: \$ _____ # Tickets: _____	Three Months Ago: \$ _____ # Tickets: _____	Four Months Ago: \$ _____ # Tickets: _____
Owner / Officer:		Primary Contact : <input type="checkbox"/>		Date of Birth:	
First Name:		Last Name:		SSN:	Job Title
Street Address:			City:	State:	Zip:

Authorizations:

By signing below, each of the above listed business and business owner/officer (individually and collectively, "you") authorized Continental Finance Capital Corporation and each of its representatives, successors, designees, assignees, investors, agents, banks or financial institutions ("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 CFCC to transmit this application form, along with any of the foregoing information obtained with this application, to any and 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 CFCC and to each of the Recipients on its own behalf.

Owner/Officer's Signature:	x	Date:
Owner/Officer's Name: (Print)		

Landlord Name: _____ Landlord Contact #: _____

Is Your Business Seasonal? _____ Yes _____ No If yes, what are the peak seasonal months? _____

Any Judgements/Liens _____ Yes _____ No Bankruptcy in last seven years? _____ Yes _____ No Years Ago _____

Second owner name and % of ownership: _____ / _____ %

Business Trade Reference #1: _____ Phone #: _____

Business Trade Reference #2: _____ Phone #: _____

Business Trade Reference #3: _____ Phone #: _____