

HERRING BUSINESS CAPITAL

Business Funding Application

Return to:
David Herring
Business Funding Specialist
david.herring@frontier.com
702-277-7616

BUSINESS INFORMATION

Business Structure (check one)	<input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other _____	Federal Tax ID		
Corporate / Legal Name	Doing Business As	Business Website		
Business Address	City, State, Zip	Business Phone		
Business Location <input type="checkbox"/> Rented <input type="checkbox"/> Mortgage	Monthly Payment	Landlord Company	Landlord Phone	Industry (explain)
Date business started (mm/yy)	Length of Ownership	Number of Locations		
Contact Person Name	Contact Phone	Contact Email Address	Business <input type="checkbox"/> Home Based <input type="checkbox"/> E-Commerce <input type="checkbox"/> Franchise	

OWNERSHIP Corporate Officer/Owner #1

Corporate Officer/Owner Name	Title	Social Security Number	Ownership %
Date of Birth	Home Phone Number	Cell Phone Number	Email Address
Home Address	City, State, Zip		

OWNERSHIP Corporate Officer/Owner #2

Corporate Officer/Owner Name	Title	Social Security Number	Ownership %
Date of Birth	Home Phone Number	Cell Phone Number	Email Address
Home Address	City, State, Zip		

FINANCIAL INFORMATION

Amount Requested	Average Monthly Credit Card Sales	Average Monthly Gross Sales	Average Ticket Size
Existing Cash Advance Balance	Existing Cash Advance Payment	Company Name	

Tax Liens (check) & Explain
 Yes No

Lawsuits or Judgments Against You or Business (check) & Explain
 Yes No

Ever Filed Bankruptcy (check) & Explain
 Yes No

Additional Information

By signing below, each of the above listed business and business Owner/Officer (individually and collectively, "You") authorize Herring Business Capital and each of his 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 therefore (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 authorized Herring Business Capital 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 Herring Business Capital and to each of the Recipients, on his own behalf.

Owner (1) **X** _____ Date _____ Owner (2) **X** _____ Date _____
Signature Signature