

ADMINISTRATIVE FORM

FAX TO: NEW CONTRACTS 206-415-2208

The Business- **Sales Rep: Miguel Morales**
DBA Name: _____ **Legal Name:** _____

Type of Business: _____ Fed ID#: _____ Corp / LLC/ Sole Prop
 Bus. Address: _____ City / State / Zip: _____
 Billing Address (if different) _____ City / State / Zip: _____
 Phone at Location: _____ Preferred Phone: _____ Fax: _____
 Bus. Email: _____ Website: _____
 Years in Business: _____ Average Ticket \$: _____

Do You Have a Cash Advance?: _____ With Who?: _____ Balance: _____
 Avg Monthly V/MC \$: _____ Avg AMEX: _____ Gross Annual Sales: _____
 Current Credit Card Processor: _____

Owners / Officers-

1st Owner Name: _____ Date of Birth: _____ SS#: _____

Home Address: _____ City / State / Zip: _____
 Home Phone: _____ Cell Phone: _____ Own / Rent _____ Yrs There: _____
 Drivers Lic#: _____ State: _____ Personal Email: _____

2nd Owner Name: _____ Date of Birth: _____ SS#: _____

Home Address: _____ City / State / Zip: _____
 Home Phone: _____ Cell Phone: _____ Own / Rent _____ Yrs There: _____
 Drivers Lic#: _____ State: _____ Personal Email: _____

Business Location:

Lease or Own: _____ Term on Lease: _____ Monthly Rent: _____
 Landlord or Mortgage Co: _____ Contact: _____ Phone# _____
 Email: _____ Cell#: _____

References:

Bank Name: _____ Branch: _____ Phone: _____ Contact: _____
 Trade #1 _____ Phone: _____ Contact: _____
 Trade #2 _____ Phone: _____ Contact: _____
 Trade #3 _____ Phone: _____ Contact: _____

Are there any pending, threatened or recently filed claims judgments or liens? _____
 Are you contemplating a bankruptcy filing? Reorganization? Sale of the Business? _____

I hereby represent that all the above information is true and understand that making false statements might be considered fraud. By providing the above information, the applicant(s) authorize you to whom this application is made or your agents to investigate my/our financial responsibility and credit worthiness, specifically principal and corporate entities, and will provide financial statements, tax returns, etc. as you deem necessary. A photocopy of this authorization will be deemed as acceptable for release of credit information. I/we authorize Strategic Funding Source, Inc. to receive pertinent information regarding the commercial lease for the above referenced location from my leasing company and or agent. I/we

authorize you to update my/our credit profile from time to time in the future, as you deem appropriate.

Signature #1: _____

Date: _____

Signature #2: _____

Date: _____