



BUSINESS ADVANCE TERM LOAN PAYOFF APP	Advance AMT you're requesting (\$):
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COMPANY INFORMATION

Corporation Name:		Doing Business As:	
Entity Type:	<input type="checkbox"/> Corp <input type="checkbox"/> LLC <input type="checkbox"/> Partnership	Federal ID:	
	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Other	Business Industry:	
Business Address:		Address 2 (Suite, Room, Floor):	
City:	State:	ZIP Code:	
Office:	Mobile:	Fax:	
Company Email Owner:		Company Email Co-Owner:	
Company Website:			
Product/ Service Sold:		Years in Business:	Gross Annual Sales:
Business Property: <input type="checkbox"/> Rent <input type="checkbox"/> Own		Monthly PMT for Business Mortgage or Rent:	Term on Lease:

APPLICANT 1 % of Ownership:

Prefix:	First Name:	Middle:	Last Name:	Suffix:
SSN:	DLN:		DOB:	
Home Address:				
City:	State:	ZIP Code:	Home Phone:	
Personal Email:				
Personal Property: <input type="checkbox"/> Rent <input type="checkbox"/> Own		Monthly PMT for Personal Mortgage or Rent:	Years at current address:	

APPLICANT 2 % of Ownership:

Prefix:	First Name:	Middle:	Last Name:	Suffix:
SSN:	DLN:		DOB:	
Home Address:				
City:	State:	ZIP Code:	Home Phone:	
Personal Email:				
Personal Property: <input type="checkbox"/> Rent <input type="checkbox"/> Own		Monthly PMT for Personal Mortgage or Rent:	Years at current address:	

APPLICATION AUTHORIZATION

By signing below, each of the above listed business and business owner/officer (individually and collectively, "you") authorize EZ-Funding and each of its representatives, successors, assigns and designees ("Recipients") that may be involved with or acquire commercial loans having monthly, bi-monthly, weekly, or daily repayment features or purchases of future receivables including Merchant Cash advance transactions, including without limitation the application therefor (collectively, "Transactions") to obtain consumer and/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 EZ-Funding to transmit this application form, 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 EZ-Funding and to each of the Recipients, on its own behalf. I am providing my business cell phone and business e-mail address and hereby consent to the receipt of correspondence/messages regarding transactions with EZ-Funding and/or its affiliates on either medium. I also hereby consent to the receipt of text messages knowing that msg. and data rates may apply. I understand that consent to receive texts is not a condition of approval. I can expect approx. 10 msgs./ month. I/we certify that all the information contained herein is complete, true and accurate.

Owner Signature:	Title:	Date:
Owner Signature:	Title:	Date:



Current Merchant Cash Advances

(Please list all current loans you have outstanding with estimated balances)

Loan 1 Provider:	Balance:	PMT (\$):
Loan 2 Provider:	Balance:	PMT (\$):
Loan 3 Provider:	Balance:	PMT (\$):

Landlord Information:

Company Name:	Contact Name:
Address:	City: State:
Phone Number:	Email Address:

Trade References:

Company:	Contact Name:	Phone:
Company:	Contact Name:	Phone:
Company:	Contact Name:	Phone:

Business Loan Due Diligence Consent:

Permission is also granted to contact any business past, present or future, we may deal with including Banks, Landlord, and Insurance companies we currently use or will use in the future. By my signature below, I certify the information I provided on this form is true and correct. Applicant(s) named above hereby authorizes EZ-Funding, its affiliates, assigns, agents, banks or financial institution to obtain a credit report and investigation report with information submitted by applicant for purpose of obtaining a working capital advance. I/We grant our irrevocable permission to release our confidential information to EZ-Funding, and/or its affiliated companies. I/We understand this information is being used for their credit underwriting purpose only. I agree that this Disclosure and Authorization form in original, faxed, photocopied or electronic (including electronically signed) form, will be valid for any reports that may be requested by or on behalf of the Company.

OWNER	Open Judgements?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how much?
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Bankruptcy in the last 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, date of discharge?
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Signature:	Title:	Date:
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CO-OWNER	Open Judgements?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how much?
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Bankruptcy in the last 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, date of discharge?
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Signature:	Title:	Date:
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Below attach the 6 most recent bank statements (if your business has more than 1 bank account, email contact@ez-funding.com). For more information about the application process call: (646) 553-4818.

Month 1 <input type="checkbox"/>	Month 2 <input type="checkbox"/>	Month 3 <input type="checkbox"/>	Month 4 <input type="checkbox"/>	Month 5 <input type="checkbox"/>	Month 6 <input type="checkbox"/>
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