

BUSINESS INFORMATION

The Business DBA Name:			
Corporation Name:			
Federal ID #:	Corp / LLC / Sole Prop	Type of Business:	
Business Address:			
Business Phone:	Fax:	Email:	
Preferred Phone:	Cell Phone:		
Website:	Years in Business:		
Product/Service Sold:	Average Ticket \$:		
Do you have a cash advance now: YES / NO	With Who:	Balance;	
Average Monthly VISA/MC:	Average AMEX:	Gross Annual Sales:	
Seasonal Business: YES /NO	Peak Sales Month: From	To	
Franchise: YES / NO	Term on Lease:	Monthly Rent:	

OWNER INFORMATION (OWNER/OFFICER/PARTNER)

1 st Owner Full Name:	D.O.B.:	S.S. #:	% of Ownership:
Home Address:			
Home Phone:	Cell Phone:	OWN/RENT	Years:
Drivers License #:	State:	Personal Email:	
2 nd Owner Full Name:	D.O.B.:	S.S. #:	% Of Ownership:
Home Address:			
Home Phone:	Cell Phone:	OWN/RENT	
Drivers License #:	State:	Personal Email:	

AUTHORIZATION

By signing below I/We certify the information above is true and understand that making false statements might be considered fraud. Applicant named above hereby authorizes Blue Note Assets, its affiliates, assigns, agents, banks or financial institution to obtain an investigative report submitted by applicant for purpose of obtaining a working capital advance.

Signature:	Title:	Date:
Signature:	Title:	Date:
I/We grant our irrevocable permission to release our confidential information to Blue Note Assets and/or its affiliated companies. I/We understand this information is being used for their credit underwriting purpose only.		
Loan amount you're requesting :\$	(include amount to be paid off from existing loan/advance)	

SEND FAX TO: 888-835-3640 Attn: Chris Cambridge
EMAIL TO: assets@bnassets.com

BANK INFORMATION		LANDLORD INFORMATION	
Bank Name:		Company Name:	
Address or Branch:		Address:	
Contact Name:		Contact Name:	
Phone Number:		Phone Number:	

Trade # 1(Business)	Phone:	Contact:
Trade # 2(Business)	Phone:	Contact:
Trade # 3(Business)	Phone:	Contact:

CREDIT INFORMATION						
Credit Score:		Open Judgments?			Bankruptcy in last 12 months?	
Credit score range: Less than 500	500 to 550	550 to 600	600 to 650	650 to 700	700 +	
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.						
Signature:		Title:		Date:		
Print Name:						
Business Name:						
Signature:		Title:		Date:		
Print Name:						
Business Name:						
Verification of this authorization may be confirmed by calling the business at: (telephone number) _____						

PROCESSING INFORMATION		
<input type="checkbox"/> Visa <input type="checkbox"/> Visa Debit <input type="checkbox"/> MasterCard <input type="checkbox"/> MasterCard Debit <input type="checkbox"/> Discover <input type="checkbox"/> Amex <input type="checkbox"/> Pinpad Debit		
Type of Equipment:	Number of Terminals:	POS Version:
High Ticket:	Card Present Swiped %:	Card Present Not Swiped%:

SEND FAX TO: - 888-835-3640
EMAIL TO:
assets@bnassets.com

