

Referred By:

BUSINESS INFORMATION

Legal Business Name:		DBA (if different):	
Legal Entity: <input type="checkbox"/> Corp <input type="checkbox"/> LLC <input type="checkbox"/> Sole Prop <input type="checkbox"/> LP <input type="checkbox"/> Other _____		Date Business Established: (MM/DD/YYYY):	
Business Classification: <input type="checkbox"/> Retail <input type="checkbox"/> Restaurant <input type="checkbox"/> Services <input type="checkbox"/> Manufacturer/Wholesaler <input type="checkbox"/> Internet <input type="checkbox"/> Mail Order/Telephone Order			
Physical Address:			
Mailing Address:			
Business Phone:		Business Fax:	Mobile:
E-Mail:		Website:	
Tax ID Number or Business Number:		Terminal/POS Make/Model:	
Property Ownership: <input type="checkbox"/> Lease <input type="checkbox"/> Own	Years in Control: _____	Months in Control: _____	Products Sold: _____
Landlord/Mortgage Company Name:		Landlord Contact Name:	
Landlord/Mortgage Company Phone:		Rent / Mortgage Payment: \$	
Has the business or any principal ever filed for Bankruptcy Protection? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are there any pending, threatened, or recently filed claims, judgments or tax liens against the business or any principals? <input type="checkbox"/> Yes <input type="checkbox"/> No	

OWNER / PRINCIPAL INFORMATION

Name:		Title:	% of Ownership:
Home Address:			
Home Phone:		Cell Phone:	
E-Mail:			
Date of Birth (MM/DD/YY):		Social Security	
Drivers License #:		Drivers License State	

OWNER / PRINCIPAL INFORMATION

Name:		Title:	% of Ownership:
Home Address:			
Home Phone:		Cell Phone:	
E-Mail Address:			
Date of Birth (MM/DD/YY):		Social Security	
Drivers License #:		Drivers License State	

COMPANY INFORMATION

Average Monthly Card Sales: \$	Total Monthly Sales: \$	Annual Gross Sales: \$
Desired Funding Amount: \$		Use of Funds:
Current Loan/Advance Balance? <input type="checkbox"/> Yes: *Balance \$ _____ Held With: _____ <input type="checkbox"/> No Current Loan/Advance		

TRADEREFERENCES

COMPANY (Largest Vendors)	CONTACT NAME	CONTACT PHONE NUMBER

By signing below, the Merchant and its Owners / Principals certify that all information and documents submitted in connection with this Application are true, correct and complete. Additionally, I authorize the lender or any of its agents, partners, and affiliates to obtain and use non-business consumer credit reports and any other information regarding the Merchant and its Owners and Principals from third parties, to verify any information provided on the Application.

Owner/ Principal Signature: _____	Co-Owner/ Co-Principal Signature: _____
Print Name: _____	Date: _____
Print Name: _____	Date: _____

General Authorization

To Whom It May Concern:

I/we _____ (Business owner(s) / Principal(s),
hereby authorize the release of any and all information pertaining to my/our business known as:
_____ (Legal Name of Business / DBA), as
requested by the lender or any of their affiliates, agents, representatives in connection with my/our application.

This General Authorization also serves as instruction to any person to release the requested information, including but not limited to: deposit accounts, merchant accounts, payment cards processing accounts, credit references/verifications, payment history, balance, status, etc.

The undersigned hereby consent(s) the lender to obtain and use non-business consumer credit reports on the undersigned in order to further evaluate the undersigned as principal(s), member(s), partner(s), proprietor(s) and/or guarantor(s) and to obtain and use business information from, but not limited to, credit report bureaus, Dun & Bradstreet or its equivalent, public records, UCC or PPSA Holders, banks, financial institutions, landlords, vendors, suppliers, etc.

I/we attest that the information submitted in the application is correct to the best of my/our knowledge and has been submitted voluntarily.

A photocopy or facsimile of this authorization shall be deemed to be the equivalent of an original.

Owner/Principal Print Name

Owner/Principal Print Name

Owner/Principal Signature

Owner/Principal Signature

Date

Date

Business Name _____

Business Address _____

Business Phone _____

PLEASE ANSWER THE FOLLOWING QUESTIONS

Owner / Principal Name:	
% of Business Ownership?	
How many employees do you have (W-2)?	
Do you pay yourself a salary from the business (W-2)?	
If yes, how much is your annual salary?	
Do you have any outstanding <u>business</u> debts? Please list below.	
Do you own or rent your home?	
How long have you lived at present address?	
How much is your monthly mortgage or rent payment for your primary residence?	

PLEASE LIST BUSINESS DEBTS

CREDITOR NAME	BALANCE	MO. PAYMENT	CREDIT LIMIT	ORIGINATION DATE	DO YOU PLAN TO REFINANCE THIS DEBT WITH THIS LOAN?	USE OF FUNDS

*For the purpose of this application, Credit Limits only refers to the limit of funds available on revolving lines of credit, credit cards or other kinds of revolving credit or debt.



CREDIT RELEASE AUTHORIZATION

The Merchant and Owner(s)/Officer(s) identified above (individually, an "Applicant") each represents, acknowledges and agrees that (1) all information and documents provided to Craig Holdings, LLC dba Lease Genie ("Lease Genie") are true, accurate and complete, (2) Applicant will immediately notify Lease Genie of any change in such information or financial condition, (3) Applicant authorizes Lease Genie to share this application and disclose all information and documents that Lease Genie may obtain including credit reports to other persons or entities (collectively, "Assignees") that may be involved with or acquire commercial loans having daily, weekly, or monthly repayment features and/or purchase of receivables transactions, including without limitation the application therefore (collectively, "Transactions") and each Assignee is authorized to use such information and documents, and share such information and documents with other Assignees, in connection with potential Transactions, (4) each Assignee will rely upon the accuracy and completeness of such information and documents, (5) Lease Genie, all Assignees, and each of their representatives, successors, assigns and designees (collectively, "Recipients") are authorized to request and receive any investigative reports, credit reports, statements from creditors or financial institutions, verification of information, or any other information that a Recipient deems necessary including comprehensive business and personal credit histories or hard credit pulls, (6) Applicant waives and releases any claims against Recipients and any information-providers arising from any act or omission relating to the requesting, receiving or release of information, and (7) each Owner/Officer represents that he or she is authorized to sign this form on behalf of Merchant. This authorization shall be valid for one hundred twenty (120) days unless revoked in writing by Applicant.

Each individual signing as principal further waives any right or claim which such individual would otherwise have under the Fair Credit Reporting Act in the absence of this continuing consent. By signing below, the undersigned Applicant, hereby grants permission with us via facsimile. A fax or photocopy or email of this authorization shall be valid as the original.

NOTICE TO APPLICANT(S)

Thank you for your business credit application. We will review it carefully and get back to you promptly. If your application for business credit is denied, you have the right to a written statement of the specific reasons for that denial. To obtain that statement please contact us within 60 days from the date that you were notified of our decision. We will send you a written statement of the reasons for the denial within 30 days of your request for the statement. NOTE: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating on the basis of race, color, religion, national origin, sex, marital status, age, because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act.

Applicant #1 Signature

Print Name

_____/_____/_____
Date

_____-_____-_____
Social Security Number

Tax I.D.

Applicant #2 Signature

Print Name

_____/_____/_____
Date

_____-_____-_____
Social Security Number

Tax I.D.