



Working Capital Provided Through



Pre-Qualification Application

Please fill in the spaces below and mail or fax us the application.

Business Information

Business Legal Name:		Business DBA Name:		
Business Address:		City:	State:	Zip:
Phone:	Cell Phone:	Fax:	Website:	
Email:		Tax ID (TIN) #:	Time in Business:	
Type of Business:		Amount of Working Capital Requested:		
Business Entity: <input type="checkbox"/> Corp <input type="checkbox"/> LLC <input type="checkbox"/> LLP		<input type="checkbox"/> Partnership <input type="checkbox"/> Sole Prop		

Landlord/Mortgage Information - REQUIRED

Landlord/Mortgage Company:	Rent/Own?:
Rent/Mortgage Payment:	If Rented, Lease Start Date?:
Landlord Contact Name:	Lease Term?:
Landlord Contact Phone:	Landlord Fax #:

Owner(s) Principal(s) Information

Name (Primary Owner):			Name (2nd Owner):		
Title:	% of Ownership:		Title:	% of Ownership:	
Date of Birth:			Date of Birth:		
Address:			Address:		
City:	State:	Zip:	City:	State:	Zip:
Home Phone:	SSN#:		Home Phone:	SSN#:	
Annual Income:			Annual Income:		
Drivers License # and State if Issue:			Drivers License # and State if Issue:		

Funding Information - REQUIRED

Gross Annual Revenues: \$		Average Monthly Revenues: \$	
Monthly Credit Card Sales: \$	Do you have an open Cash Advance at this time: <input type="checkbox"/> Yes <input type="checkbox"/> No		
If 'Yes' list the cash advance provider and balance: \$			

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 Channel Partners LLC ("CPL") are true, accurate and complete, (2) Applicant will immediately notify CPL of any change in such information or financial condition, (3) Applicant authorizes CPL to disclose all information and documents that CPL may obtain including credit reports to other persons or entities (collectively, "Assignees") that may be involved with or acquire commercial loans having daily repayment features and/or purchase of receivables transactions, including without limitation the application therefor (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) CPL, 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, (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.

Primary Owner Signature: _____ Date: _____

2nd Owner Signature: _____ Date: _____