



BUSINESS INFORMATION					
Legal/Corporate Name:			DBA:		
Physical Address:			City:	State:	Zip:
Telephone #:		Date Business Started:		Federal Tax ID:	
Type of Entity (check one): Sole Proprietorship Partnership Corporation LLC Other					Email Address:
Type of Business (check all that apply): Retail Wholesale Transportation Other Construction				Product/Service Sold:	
MERCHANT/OWNER INFORMATION					
Corporate Officer/Owner Name:			Title:		Ownership %:
Home Address:			City:		State: Zip:
SSN:	Date of Birth:		Phone #:		
PARTNER INFORMATION					
Partner Name:			Title:		Ownership %:
Home Address:			City:		State: Zip:
SSN:	Date of Birth:		Phone #:		Personal Credit Score:
Monthly Gross Deposit Volume		Monthly Credit Card Sales		How many employees?	

Applicant authorizes Cash Crunch and its assigns, agents, banks, or financial institutions to obtain an investigative or consumer report from a credit bureau or a credit agency and to investigate the references given on any other statement or data obtained from the applicant.

Applicant's Signature_____

Date_____

Applicant's Signature_____

Date_____