

Date: _____

COMPANY INFORMATION

Legal Business Name: _____

DBA: _____ State of Incorporation: _____ Tax ID: _____

Physical Address (No PO Boxes): _____

Legal Entity: _____ Inception Date: _____

Business Phone: _____ Industry: _____

Current # Employees: _____ Home Based Business: Yes No

Last 12 months revenue from bank Deposits: _____

Amount of WC Requested (\$25K - \$200K): _____

Has the business ever had judgement, liens, or bankruptcy? Yes No

OWNER INFORMATION 1

First name: _____ Mi: _____ Last name: _____

Date of birth: _____ Home Phone: _____ Cell Phone: _____

Email: _____ SSN: _____

Home Address: _____

Rent Own Owner FICO Score: _____

Business Ownership %: _____

OWNER INFORMATION 2

First name: _____ Mi: _____ Last name: _____

Date of birth: _____ Home Phone: _____ Cell Phone: _____

Email: _____ SSN: _____

Home Address: _____

Rent Own Owner FICO Score: _____

Business Ownership %: _____

By signing here, the above listed business and business owner(s)/officer(s) (individually and collectively, ("you") authorize Advanced Capital Network LLC and each of its representatives, successors, assignees, and designees ("Recipients") to use and/or transmit this information to any third-party vendor necessary to provide Working Capital/financing services. I am providing my business cell phone and business e-mail address and hereby consent to the receipt of correspondence/messages regarding transactions with Advanced Capital Network LLC and/or its affiliates on either medium. I also hereby consent to the receipt of text messages knowing that msg. & data rates may apply. I understand that consent to receive texts is not a condition of approval. I/we certify that all the information contained herein is complete, true & accurate.

Signature 1: _____

Signature 2: _____

By signing this document electronically, you are agreeing that your electronic signature is the legal equivalent of your manual signature.