Merchant Application

Please Fax this application to **718-732-2274**
or E-mail to **apps@myfactorfunding.com**

A. Business Information

Legal Name:			
DBA:			
Address:			Suite/Floor:
City:	State:		Zip:
Phone:		Mobil:	
Fax:		Email:	
Website:		Federal Tax ID #	
Legal Entity: Corp: ☐ Sole Prop: ☐ LLC: ☐ Partnership: ☐			
Date Business started:	Length of Ownership:	Years at Location:	# of Locations:

B. Owner(s) / Principal information

Full name:			Full name:		
Home Address:			Home Address:		
City:	State:	Zip	City:	State:	Zip:
SSN:	% Ownership of Company:		SSN:	% Ownership of Company:	
DOB:	Home Phone:		DOB:	Home Phone:	

C. Landlord / Bank / References

Landlord Name:	Landlord Phone:	Monthly Rent Payment
Bank Name:	Contact:	Phone:
Trade Reference:	Contact:	Phone:
Trade Reference:	Contact:	Phone:

D. Business Profile

Average Monthly Credit Card Sales (Visa/MC, Amex and Discover):		
Average Monthly Overall Sales (Checks & Cash)		
Have you used a Cash Advance plan before? ☐ Yes ☐ No		
Merchant Type: Retail: ☐ Restaurant: ☐ Lodging: ☐ Service: ☐ Home Based: ☐ Automotive: ☐ Other: ☐		
Average Ticket Size:	Terminal Type:	# of Terminals
Type of Product Sold:	Using the Money For:	

E. Signature

By signing below, the Merchant and its owners / principals: (1) certify that all information and documents submitted in connection with this Application is true, correct and complete; and (2) authorize Factor Funding, LLC, its agents, partners, and lenders to receive 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.

Signature of Owner #1:_____ Date:_____

Signature of Owner #2:_____ Date:_____