



Referral Agent Name: \_\_\_\_\_ Referral Agent Contact Information: \_\_\_\_\_

Email Application To: [app@promacfinancing.com](mailto:app@promacfinancing.com) or Fax Application To: (631) 239-9422

ELECTRONIC PAYMENT FINANCING REQUEST					
Business Information					
Type of Entity <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Professional Limited Liability State of Inc/Org: _____					
Type of Business: _____					
Amount of Funding Requested: \$		Tax ID or SSN if Sole Proprietorship		Use of Proceeds for Funding:	
Business Legal Name			D/B/A		
Business Physical Address			City, State, Zip		
Business Mailing Address (if different than above)			City, State, Zip		
Contact Name		Title	Business Phone (area code+ number)		Fax (area code+ number)
Website Address			E-Mail address		Days of Operation (√) <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun
Total Verifiable Annual Sales (Cash, Electronic Receipts, etc) \$		Gross Profit Margin %	Is Business Seasonal? Y <input type="checkbox"/> or N <input type="checkbox"/>	# of Current Employees	# of Locations Operating Under Tax ID
Describe current business insurance coverage			Any Outstanding Judgments, Liens, or Foreclosures? If yes, please comment.		
Type of Building Business is Located In	Approx Sq Feet	Own or Lease Building	Lease Start Date	Lease Term	Monthly Lease of Mortgage Payment \$
Landlord or Mortgage Company Name and Contact Information					
Owner/Principal No. 1					
Name		% Ownership	Social Security Number		Date of Birth (m/d/y)
Home Phone #	Cell Phone #	Email Address			Marital Status
Residence Address (including City, State, Zip)					
Owner/Principal No. 2					
Name		% Ownership	Social Security Number		Date of Birth (m/d/y)
Home Phone #	Cell Phone #	Email Address			Marital Status
Residence Address (including City, State, Zip)					
Electronic Transaction Information					
Types of Electronic Payments Received (√) <input type="checkbox"/> ACH <input type="checkbox"/> EFT <input type="checkbox"/> EBT <input type="checkbox"/> Lockbox <input type="checkbox"/> Wire <input type="checkbox"/> V/MC <input type="checkbox"/> AMEX <input type="checkbox"/> Discover <input type="checkbox"/> e-Check <input type="checkbox"/> Insurance <input type="checkbox"/> Debit Card			Average \$ Amount of Electronic Payments \$		Average # of Electronic Payments Per Week
Are You Currently Using a Billing Company?		If Yes, Please Write Name of Billing Company			
Yes <input type="checkbox"/> or No <input type="checkbox"/>					
<small>Applicant, named above, attests that the information provided on this form is accurate and complete, that providing the information to Professional Merchant Advance Capital, LLC does not constitute an application for credit, and that submitting the information does not obligate Professional Merchant Advance Capital, LLC to fund an advance. In addition, Applicant authorizes Professional Merchant Advance Capital, LLC, its assigns, and its agents to obtain an investigative report from credit bureaus or credit agencies, and also to investigate the vendor references and any other references or information given on this application or any other documents submitted by applicant for the purpose of obtaining funding.</small>					
Please provide a brief description of business					
Principal #1	Signature		Date:	% Ownership	
Principal #2	Signature		Date:	% Ownership	

The following items are required to be submitted with the above application.

- Four (4) months of full bank statements (all pages).
- Four (4) months of Merchant Statements if applicable.
- Copy of driver's license of principal owners.