CLOVERCAPITAL

Application for Funding   PHONE: 1-866-897-5221   EMAIL: Info@capitalclover.com

BUSINESS INFORMATION		

Legal/Corporate Name:	DBA:	

Physical Address:	City:	Zip:

Business Telephone #:	Fax #:	Email:

Date Business Started:	Date Legal Entity Created:	State Legal Entity Registered:	Federal Tax ID:

Type of Entity (Circle one):
Sole prop   Partnership   Corp   LLC   Other   Website:

Type of Business (Circle all that Apply):   Product/Service Sold:
E-commerce   Retail   Restaurant   Grocery   Automotive   Transportation   Other:

MERCHANT/OWNER INFORMATION		

Corporate Officer/Owner Name:	Title:	Ownership %:

Home Address:	City:	State:	Zip:

SSN:	DOB:	Home#:	Cell#:

CO-OWNER INFORMATION		

Corporate Officer/Owner Name:	Title:	Ownership %:

Home Address:	City:	State:	Zip:

SSN:	DOB:	Home#:	Cell#:

BUSINESS PROPERTY INFORMATION		

Landlord or Mortgage Bank (Business location):	Monthly Rent/Mortgage Payment:	Lease expiration:

Landlord/Mortgage Contact Name:	Contact #:

BUSINESS TRADE REFERENCES		

Business Name:	Contact Name and/or Account#:	Phone #:
Business Name:	Contact Name and/or Account#:	Phone #:

OTHER INFORMATION		

Current CC Processing Company:	Type/Number of Terminals	Monthly Volume:
Please list any open MCA or Loans/Name of funder:	Original funded Amount:	Current Balance:
Amount Requested:	Use of Proceeds:	

By signing below, each of the above listed business and business owner/officer (individually and collectively, "you") authorize **Clover Capital** and each of its representatives, successors, assigns and designees ("Recipients") to obtain consumer or personal, business and investigative reports and other information, from one or more consumer reporting agencies and to investigate the references giving on any other statement or data obtained from applicant.

Applicant's Signature:	
	Date

Co-Applicant/Owner Signature:	
	Date