

Office: 954-689-2040 **Toll Number:** 866-297-2053

Fax: 844-263-8415

Email: Submission@doitvelfundinggroup.com

BUSINESS INFORMATION						
egal Name of Entity:			Business Inception Date:			
Federal Tax ID (EIN):				State Where Business Was Formed:		
Legal Structure: O Corporation O LLC O Partnership O Sole Proprietorship						
Type of Business:	Home Based Business: O Yes O No					
Business Address:						
City:	Stat	State:			ZIP Code:	
Phone: Ext:	Fax:	Fax:			Website:	
Ownership of Business Location:				ness	If Owned, Property Value:	
Landlord Name:	dlord Name: Landlord Pho			one: Monthly Rent:		
Ever filed for bankruptcy? O Yes O No Are there any pending, threatened, or recently filed claims judgments or tax liens against the business? O No						
MERCHANT OWNER						
Name:		Title:		Percen	tage Of Ownership:	
Primary Address:						
City: State:				ZIP Code:		
Home Phone: Mobile Ph			:			
E-mail: Social Securit			<u> </u>		Date of Birth:	
Driver's License #: Estimate Credit Score:						
PARTNER INFORMATION (IF APPLICABLE)						
Name: Tittle: Percentage Of Ownership: Primary Address:						
City:		State: ZIP Co		ZIP Co	de:	
Home Phone:		Mobile Phone:		211 00	uc.	
E-mail: Social Securit						
Driver's License #:					Estimate Credit Score:	
COMPANY INFORMATION						
Gross Annual Sales: (Last Year Tax Return)	Total Monthly Sales				Total Visa/Master Card Monthly sale (if Applicable): \$	
Requested Funding Amount: \$	equested Funding Amount: \$		Use Of Funds:			
Prior/Current Cash Advance/Loans Company? (If Applicable) Name			ame: Balance:			
CERTIFICATION AND AGREEMENT						
By signing and submitting to us this Application Form, you certify that (i) you are authorized to apply on behalf of the Company, the full legal name of which appears above under the Company Information portion of this Application Form, for a loan from us for business purposes and (ii) all information you provided on this Application Form and other supporting documents is true and complete and you will notify us of any material changes to such information. You understand and agree that we and our agents and assignees are authorized to contact third parties to make inquiries in evaluating this Application Form (including requesting business and personal credit bureau reports from credit reporting agencies and other sources) or for any update, renewal, extension of credit or other lawful purpose and consent to any such contact or inquiries. Upon your request, we will advise you if we obtained a credit report and will give you the credit bureau's name and address.						
Business Owner Signature:	Date		Partner Si	Partner Signature: Print Name: Date:		