



Business Legal Name:		Business DBA Name:		Federal ID #:		
Type of Business Entity (Check One)	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Sole Proprietor
Does the Merchant have any other businesses with current AdvanceMe contracts? <u>Check one</u>			<input type="checkbox"/> YES	<input type="checkbox"/> NO	State of Incorporation:	Use of Proceeds:
Physical Street Address:		City:		State:	Zip Code:	
Billing Street Address (If different than above):		City:		State:	Zip Code:	
Physical Location Phone #:		Preferred Contact Phone #:		Preferred Fax #:		
Industry Type: (SIC Code or Description)		Gross Annual Sales (Previous year's Tax return):		Date the Business first processed Credit Cards under current Ownership:		

Owner/Officer		Primary Contact <input type="checkbox"/>		Job Title:		Ownership: %	
Name:	SS#:	E-mail address:	Date of Birth:	Home Phone:			
Street Address:		City:		State:	Zip Code:		

Average Ticket:		Total Gross		V/MC Monthly		Annual		# of CC	
Monthly Volume:		Volume:		V/MC Sales:		Terminals:			

Trade Ref. #1 - Co. Name:	Contact Name:	Phone #:	Fax #:
Trade Ref. #2 - Co. Name:	Contact Name:	Phone #:	Fax #:
Trade Ref. #3 - Co. Name:	Contact Name:	Phone #:	Fax #:

<input type="checkbox"/> LEASE or <input type="checkbox"/> OWN (Check One)		Lease Start Date:		Lease Term:		Mthly Rent Amt: \$	
Landlord/Mtg. Company:		Contact Name:		Phone #:		Fax #:	

Bank Name:	Phone #:	City:	State:	Zip Code:
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The above listed Merchant and Owner(s) / Officer(s) (collectively hereafter "Applicants") represent that the information contained on this Contract Application Form and the credit card processor statements provided to AMI are true and correct, and Applicants will immediately notify AMI of any financial change in said Merchant. Applicants hereby authorize AMI to obtain on any of the Applicants any investigative reports, credit reports (Business and Personal), statements from creditors or financial institutions, verification of information provided by any of the Applicants, or any other information that AMI deems necessary. Applicants hereby authorize the release by any creditor or financial institution to AMI of any information relating to any of the Applicants. Applicants waive and release any claims against AMI or any creditor or financial institution arising from any act or omission relating to the obtaining or release of information sought by AMI. **Applicants agree that any pre-qualified offers made by or on behalf of AMI are confidential and may not be disclosed to third parties (other than to Applicants' legal or financial advisors or as required by law), except at AMI's express, written direction.**

Owner / Officer's Name: (Print) _____

Owner / Officer's Signature: X _____ Date: _____

IMPORTANT: Sales Information & Questions to be Answered by Sales Rep.

Sales Rep Name:	Sales Rep # :	Current Processor:	Preferred Credit Card Processor:
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Required Information: (Please fill out all fields & rank the following. Between 1-4, 1 being the most important to the merchant.)

___ Funding Size / Purchase Price \$ _____ RTR Ratio _____ (Will be matched to RBP grids)

___ Retrieval Rate Range _____ % (Adhering to guidelines of gross sales) ___ Other _____

Does the merchant have an outstanding balance with another funding company? Circle one YES NO

If YES with which company? _____ If YES, what is their outstanding balance? \$ _____

Sales Representative agrees that any pre-qualified offers made by or on behalf of AMI are confidential and may not be disclosed to third parties (other than to Applicants' legal or financial advisors or as required by law), except at AMI's express, written direction.

Sales Representative's Signature: _____ Date: _____