



BUSINESS INFORMATION

Business Name		Business Phone Number	Business Fax Number
Web Address		Email	Alternate / Cell Phone Number
Business Address		City	State Zip
Hours of Operation		Tax ID Number	Nature of Business
Year Started	Style of Business: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> P.C. <input type="checkbox"/> L.L.C.	Avg. Mo. Sales (Total Sales)	Avg. Mo. Sales (V/MC Sales)
	Type of Business: <input type="checkbox"/> Retail <input type="checkbox"/> Wholesale <input type="checkbox"/> Restaurant <input type="checkbox"/> Lodging <input type="checkbox"/> MO/TO <input type="checkbox"/> Internet		
Do you currently have a cash advance with another company? (Circle one)		What is the name of the advance company?	What is your total current balance?
Yes No			
Current Credit Card Processor		Advance Amount Requested	Number of Terminals
Do you accept American Express? Yes No		Do you accept Discover? Yes No	
AMEX Merchant Number _____		Disc Merchant Number _____	

REFERENCES

Bank Reference	Account No.
Bank Phone No. ()	Bank Contact
Landlord Reference	Phone No.
Contact	Length of Time at Location Time Remaining on Lease
Trade Reference	Account No.
Phone No.	Contact
Trade Reference	Account No.
Phone No.	Contact:

PERSONAL INFORMATION ON PARTNERS, PROPRIETORS, OR GUARANTORS

Name	Date of Birth	Name	Date of Birth
Title / Percentage (%) of Ownership	Social Security No.	Title / Percentage (%) of Ownership	Social Security No.
Address City		Address City	
County	State	Zip	
County State Zip		County State Zip	
Home Phone Number ()		Home Phone Number ()	

AUTHORIZATION

Each of the undersigned, who is either a Principal, Sole Proprietor or Personal Guarantor of the above-named business, recognizes that his or her individual credit history may be a factor in the evaluation of this application of the above-named business for advance funding. Each of the undersigned hereby authorizes CCT to obtain his or her credit report (and any updates to his or her credit report) in connection with MCA's consideration of this application and in connection with any subsequent review of the account of the above-named business.

Partner, Proprietor or Guarantor X	Partner, Proprietor or Guarantor X
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Fax: 310-862-6762