

**PRE-QUALIFICATION AUTHORIZATION**



**US EQUITY FUNDING, LLC**

**470 Atlantic Avenue, 4th Floor  
Boston, MA 02210  
Tel: 888.252.2297  
Fax: 617.449.9610  
[loans@usequityfunding.com](mailto:loans@usequityfunding.com)**

Please fill in the spaces below and mail or fax us the application. By doing so, you are giving **US Equity Funding**, as well as its agents and affiliates, permission to review your business and personal credit history in order to provide you with formal funding approval.

|                                   |  |
|-----------------------------------|--|
| Business Legal Name ("Merchant"): | Business DBA Name:                       |
| Business Address:                 | City:                                    |
| State:                            | Zip:                                     |
| Phone:                            | Contact:                                 |
| Cell Phone:                       | Fax:                                     |
| Website:                          | Email:                                   |
| Tax ID (TIN) #:                   | Time In Business:                        |
| Type of Business:                 | <b>Amt of Working Capital Requested:</b> |

**Landlord/Mortgage Information - REQUIRED**

|                            |                               |
|----------------------------|-------------------------------|
| Landlord/Mortgage Company: | Rent/Own?:                    |
| Rent/Mortgage Payment:     | If Rented, Lease Start Date?: |
| Landlord Contact Name:     | Lease Term?:                  |
| Landlord Contact Phone:    | Landlord Fax #:               |

**Owner(s) / Principal(s) Information**

|                                      |                                      |
|--------------------------------------|--------------------------------------|
| Name (Primary Owner):                | Name (2 <sup>nd</sup> Owner):        |
| Title: % of Ownership:               | Title: % of Ownership:               |
| Date of Birth:                       | Date of Birth:                       |
| Address:                             | Address:                             |
| City:                                | City:                                |
| State: Zip:                          | State: Zip:                          |
| SSN#:                                | SSN#:                                |
| Home Phone:                          | Home Phone:                          |
| Annual Income:                       | Annual Income:                       |
| Driver License # and State of Issue: | Driver License # and State of Issue: |

**Funding Information - REQUIRED**

|  |                              |
|--|------------------------------|
| Gross Annual Revenues: \$  | Average Monthly Revenues: \$ |
| Monthly Credit Card Sales: \$  |                              |
| Do you have an open Cash Advance at this time:<br>If 'Yes' list the cash advance provider and balance: |                              |

The Merchant and Owner(s)/Officer(s) identified above (individually, an "Applicant") each represents, acknowledges and agrees that (1) all information and documents provided to US Equity Funding, LLC ("USEF") including credit card processor statements are true, accurate and complete, (2) Applicant will immediately notify USEF of any change in such information or financial condition, (3) Applicant authorizes USEF to disclose all information and documents that USEF may obtain including credit reports to other persons or entities (collectively, "Assignees") that may be involved with or acquire commercial loans having daily repayment features and/or Merchant Cash Advance transactions, including without limitation the application therefor (collectively, "Transactions") and each Assignee is authorized to use such information and documents, and share such information and documents with other Assignees, in connection with potential Transactions, (4) each Assignee will rely upon the accuracy and completeness of such information and documents, (5) USEF, Assignees, and each of their representatives, successors, assigns and designees (collectively, "Recipients") are authorized to request and receive any investigative reports, credit reports, statements from creditors or financial institutions, verification of information, or any other information that a Recipient deems necessary, (6) Applicant waives and releases any claims against Recipients and any information-providers arising from any act or omission relating to the requesting, receiving or release of information, and (7) each Owner/Officer represents that he or she is authorized to sign this form on behalf of Merchant.

Primary Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2nd Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_