



APPLICATION CHECKLIST

The following is a checklist to complete your Working Capital Application:

Needed

- _____ THE APPLICATION (Filled out completely and Signed)
- _____ Four (4) MOST RECENT CREDIT CARD STATEMENTS (12 if business seasonal)
- _____ Three (3) COMPLETE BANK STATEMENTS (Most Recent)
- _____ COPY OF BUSINESS LICENSE (Liquor, Sales Tax Permit etc.)
- _____ COPY OF DRIVER'S LICENSE
- _____ VOIDED CHECK (with printed business information)
- _____ COPY OF LEASE (most recent mortgage statement if merchant owns property)
(1st & Last Page of Lease)

In order for your application to be processed in full, all items must be sent back and completed with signatures. Should you have any further questions, please contact us.

APPLICATION



Parkland Financial & Consulting Services Co.

SALES REP: _____

PHONE #: _____

FAX #: _____

Please fill in the spaces below and mail or fax us the application. By doing so, you are giving Parkland Financial & Consulting Services Co., as well as its agents and affiliates, permission to review your business and personal credit history in order to provide you with formal approval.

Business Legal Name ("Merchant"):	Business DBA Name:
Address:	Suite/Floor:
City:	State:
Zip:	Phone:
Mobile:	Fax:
Website:	Email:
Legal Entity: <input type="checkbox"/> Corp <input type="checkbox"/> Sole Prop <input type="checkbox"/> LLC <input type="checkbox"/> Partnership	Federal State Tax #:
Merchant Type: <input type="checkbox"/> Retail <input type="checkbox"/> Restaurant <input type="checkbox"/> Service <input type="checkbox"/> Internet	Date Business Started:
Business Location: <input type="checkbox"/> Store Front <input type="checkbox"/> Office <input type="checkbox"/> Home <input type="checkbox"/> Other	Products/Services Sold:
Average Visa/MasterCard Monthly Sales:	Terminal / POS System (type/quantity):
Average Gross Monthly Sales:	POS Company Contact Info:
Average Ticket Size:	Percent of Sales Keyed/ Swiped: /
Amex #:	Products / Services Sold:

Business References

Trade Reference 1:	Name:	Phone:	Landlord/Mortgage Company Contact:	Name:	Phone:
Trade Reference 2:	Name:	Phone:	Bank Reference:	Name:	Phone:
Trade Reference 3:	Name:	Phone:	Rent/Mortgage Payment:		

Owner 1 / Principle Information

Owner 2 / Principle Information

Name:	Name:
Address:	Address:
City, State Zip:	City, State Zip:
Phone:	Phone:
Email:	Email:
% of Ownership:	% of Ownership:
Date of Birth:	Date of Birth:
SSN#:	SSN#:
Driver's License #:	Driver's License #:

Funding Information

Average Visa/MasterCard Monthly Sales:	Amount Requested:
Average Monthly Sales:	

Have you used a cash advance plan before? YES NO

If 'Yes' list previous cash advance provider:

By signing below, the Merchant and its owners/principals; (1) certify that all information and documents submitted in connection with this Application is true, correct and complete; and (2) authorize Parkland Financial & Consulting Services Co., partners, and lenders to receive credit reports and any other information regarding the Merchant and its owners and principals from third parties to verify any information provided on the Application.

Signature of Owner #1 _____ Signature of Owner #2 _____ DATE: _____