

APPLICATION



In Advance Capital
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New York, NY 10018
Office: 1-646-412-3303

In Advance Capital Merchant Cash Advance/ACH Advance Funding Application

Please fill in the spaces below and mail or fax us the application. By doing so, you are giving **In Advance Capital**, 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 #:	

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/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?: <input type="checkbox"/> YES <input type="checkbox"/> 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 In Advance Capital, 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.

By: _____ Date / / _____

FAX to: 888-490-0705
or email to submit@inadvancecap.com

- PLEASE ALSO INCLUDE 4 MONTHS BANK AND CREDIT CARD PROCESSING STATEMENTS WITH YOUR APPLICATION -