Blu Cash Advance

Senior Funding Specialist

APPLICATION											
BUSINESS INFORMATION											
Legal/Corporate Name:				DBA:							
Physical Address:			City:	City:			State:	State: Zip:			
Mailing Address:			City:	City:			State:	Ziţ	o :		
Telephone Number: Fax Numb			ımber:	nber:				Federal Tax ID:			
Business Category: Retai							Email Address:				
Lodging				Other							
Business Established: Month: You			Length Of Ownership Years:		Months:		State of Incorporation:				
Type Of Entity: Sole Propri	etorship Partnership		Corp	Corporation		oducts or Services Sold:		l:			
LLC Non P			LLP								
MERCHANT/OWNER INFORMATION											
			Title:				Ownership %:				
Home Address:			City:		State:		Zip:		Length at Address:		
SSN:	DOB:	Home #:	Home #:			Cell #:					
Applicant 2:			Title:			Ownership %:					
Home Address:			City:		State: Z		Zip: Len		Length at A	Length at Address:	
SSN:	DOB: Ho			lome #:			Cell #:				
BUSINESS PROPERTY INFORMATION											
Own Property: Contact/Account #: Phone Number Rent Property:				er:					Remaining on Lease/Mortgage YearsMonths		
Terminal / Software Model:	odel: Number of Terminals:			Current Processor:			Time with current YearsMo			ent Processor: Months	
Credit Card Processing Method: (Must Equal 100%)				Gro	Gross Annual sales :						
Card Presented Swiped Mail/Phone Order Internet % %				\$	\$						
Monthly Sales (cc, cash & check) Visa/MasterCard Volum			% /olume:	Aver	Average ticket / Sale amount:				Working Capital Balance(If applicable)		
\$\$				\$				\$			
By signing below, each of the above listed business and business owner/officer (individually and collectively, "you") authorize [Blu Cash dvance Now, Inc.] ("BCA") and each of its representatives, successors, assigns and designees ("Recipients") that may be involved with or acquire commercial loans having daily repayment features or purchases of future receivables including Merchant Cash Advance transactions, including without limitation the application therefor (collectively, "Transactions") to obtain consumer or personal, business and investigative reports and other information about you, including credit card processor statements and bank statements, from one or more consumer reporting agencies, such as TransUnion, Experian and Equifax, and from other credit bureaus, banks, creditors and other third parties. You also authorize BAN to transmit this application form, along with any of the foregoing information obtained in connection with this application, to any or all of the Recipients for the foregoing purposes. You also consent to the release, by any creditor or financial institution, of any information relating to any of you, to BAN and to each of the Recipients, on its own behalf.											
XAmaliaant/a Ciana t				_	X_		mmliaa::4):	Ci			
Applicant's Signature		D	Date		Applicant			Signature		Date	
								Biz A	dvance Nov	w Sales ID: 6699	