

Request \$
Term
FICO

909-930-9159 Mark Ayers CEO Stephanie Capp Office Manager										
COMPANY INFO		Date of Application								
Legal Name				Any Existing Cash Advances?						
DBA				Balance of Current Advances:						
State of Inception Legal Entity Type:				Funding Company?						
Business Inception Date (Under Current Owner)				Business Tax Liens? Tax Lien Payment Plan?						
Federal Tax ID:				for Bankruptcy Ever? If So, When?						
Physical Address	Business Home Based? Last month paid									
City	State:	Zip Code:	Lease/Rent/Own: Monthly Rent \$:				hly Rent \$:			
:	: Business Phone:				Landlord Phone:					
Business Cell Phone				Landlord Name:						
Business Email:				Industry Type:						
BUSINESS FINANCIAL INFORMATION										
Gross Annual Sales (Last Years Tax Return): \$					Business Bank Name:					
Any Unpaid Child Support?				Current Credit Card Processor:						
Ever Defaulted on a Business Loan?				Average Monthly Credit Card Sales: \$						
(if so , with whom, when and for										
how much please										
OWNER / OFFIC	Date	Annlicat	ion Signed							
First Name:										
Officer Title: Drivers License #:			Date of Birth:							
Business Ownership %		ocial Security Number:		Ŀ	PersEma	_				
Home Address: Phone				Websi	_					
City State: Zip Code				Signature Owner (1):						
Print Name (1)										

By signing above, each of the above listed business and business ownerfofficer (individually and collectively, "you") authorize A1 Financial USA, 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 and/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 ATUANSUS to transmit this application form, 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 ALCONOTEA and to each of the Recipients, on its own behalf. I am providing my business cell phone and business e-mail address and hereby consent to the receipt of correspondence/messages regarding transactions with ALDANOTEA and/or its affiliates on either medium. I also hereby consent to the receipt of text messages knowing that mag, and data rates may apply. I understand that consent to receive texts is not a condition of approval. I can expect approx. 10 msgs./month. I/we certify that all the information contained herein is complete, true and accurate,