

Benefit your business by using Capital Lynk's services to locate the most cost-effective funding programs to fuel business growth. Our streamlined application process is **quick, risk-free** and **commitment-free**.

The following items are required to obtain multiple business financing options:

- ◆ **Application Form**
- ◆ **Most recent 4 months of bank statements**  
(all pages/ all business accounts)
- ◆ **Most recent 4 months of credit card statements**  
(if applicable, all pages/ all business accounts)

\*For seasonal businesses, we recommend submitting up to 12 months of bank and credit card statements for optimal funding options.

Choose among one of the following methods to submit:

*Method 1:* **Email** completed application and required items to [support@capitallynk.com](mailto:support@capitallynk.com)

*Method 2:* **Fax** completed application and required items to [877-433-7796](tel:877-433-7796)

*Method 3:* **Email or fax** completed application including page 3 providing **online access** to statements

**U** : **Call us at 1-800-903-5012 Ext. 303** where a documentation specialist will help you complete the application process via phone

Invest your time and money efficiently: Capital Lynk works **for free** in order to get your business superior funding offers to **save you money**. Realize your business goals immediately!

- ✓ Funding offers presented within 24 – 48 hours
- ✓ Funds transferred to your account in as little as 3 – 5 business days

**Call us at 1-866-903-5012 Ext. 304** to ensure proper reception of your documents when completed and/or if you need assistance throughout the application process.

We look forward to helping your business grow and achieve financial success!

## The Capital Lynk Team

**Business Information**

Legal/Corporate Name		Doing Business As (DBA)	
Physical Address		City	State Zip Code
Mailing Address (if different from physical address)		City	State Zip Code
Business Phone Number	Fax Number	Business Email Address	
Type of Entity (Select One)	State of Incorporation	Date Established (mm/dd/yy)	Federal Tax ID Number -
Type of Business (Select One)		Products Sold / Services Offered	
Website	Do You Own Another Business or Location?	2014 Projected Gross Sales and 2013 & 2012 Gross Sales (as filed on the income tax return)	
Avg Monthly Credit Card Sales	Avg Monthly Total Sales (Cash, Checks etc...)	Projected 2014: 2013: _____ 2012: _____	

**Merchant/ Owner Information**
 Primary Contact

Corporate Officer/ Owner Name	Title	Length of Ownership	% Ownership
Home Address		City	State Zip Code
Date of Birth (mm/dd/yy)	Social Security Number	Home Phone Number	Cell Phone Number
Email Address			Preferred Method of Contact

**Partner Information**
 Primary Contact

Corporate Officer/ Owner Name	Title	Length of Ownership	% Ownership
Home Address		City	State Zip Code
Date of Birth (mm/dd/yy)	Social Security Number	Home Phone Number	Cell Phone Number
Email Address			Preferred Method of Contact

**Business Property Information**

Own or Lease	Monthly Rent/Mortgage Amnt	Time at this Location	Landlord Name/ Mortgage Company	
			Name of Entity/ Individual that Owns the Property	
Contact Name	Office Number	Cell Phone Number	Email Address or Fax Number	

**Business Trade References**

Business Name	Contact Name or Account No.	Phone Number	Fax Number or Email Address
Business Name	Contact Name or Account No.	Phone Number	Fax Number or Email Address
Business Name	Contact Name or Account No.	Phone Number	Fax Number or Email Address

Application authorizes CAPITAL LYNK and its assigns, agents, bank, or financial institutions to obtain an investigative or consumer report from a credit bureau or a credit agency and to investigate the references given on any other statement or data obtained from applicant.

 \_\_\_\_\_  
 Applicant Signature

 \_\_\_\_\_  
 Date

 \_\_\_\_\_  
 Co-Signature

 \_\_\_\_\_  
 Date

Please answer the questions below to assist us in better locating the proper funding source for your business.

Basic business information (including products/services offered): \_\_\_\_\_

Desired funding amount: \$ \_\_\_\_\_ Date working capital desired (mm/dd/yy): \_\_\_\_\_

Intended use of proceeds: \_\_\_\_\_

Does your business have either an active ACH Advance or an active Merchant Cash Advance? \_\_\_\_\_

Please complete if you have any open advances:

Lender Name: \_\_\_\_\_ Amount Owed: \$ \_\_\_\_\_ Daily Payment Amt or % of Sales: \_\_\_\_\_

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Are you interested in paying off your current advance(s)? \_\_\_\_\_

Does your business have any previous advances or loans in collections? \_\_\_\_\_

Has your business ever had 2 or more advances at the same time? \_\_\_\_\_

Have you recently applied for working capital with any other companies and/or providers? \_\_\_\_\_

Have you filed your most recent tax return for your business (2013)? \_\_\_\_\_

Total amount business filed for 2013: \$ \_\_\_\_\_

If your business is seasonal, please check the month(s) that apply for

Slow month(s):  Jan  Feb  Mar  Apr  May  June  July  Aug  Sept  Oct  Nov  Dec

Busier month(s):  Jan  Feb  Mar  Apr  May  June  July  Aug  Sept  Oct  Nov  Dec

If property leased, approximate lease start date: \_\_\_\_\_ approx. lease end date: \_\_\_\_\_

Current on business rent or mortgage payments: \_\_\_\_\_

If not current: # of months behind: \_\_\_\_\_ Total amount owed: \$ \_\_\_\_\_

Does your business have any State or Federal Tax Liens? \_\_\_\_\_

If yes: Approximate amount owed: \$ \_\_\_\_\_ Active payment plan in place: \_\_\_\_\_

# Of business bank accounts: \_\_\_\_\_

Does your business accept credit cards? \_\_\_\_\_

Banking online access set up: \_\_\_\_\_

Credit card processor online access set up: \_\_\_\_\_

**\*PROVIDING ONLINE ACCESS IS OPTIONAL:** You may choose to provide us with online access to your online banking and/or credit card processor to accelerate the process and reduce paperwork.

**If you prefer,** you always have the option to fax or email the statements to Capital Lynk without needing to provide online access.

Please type carefully and bear in mind to indicate upper/lower case sensitivity.

### Bank Online Access

Bank Name: \_\_\_\_\_

Bank Portal Website: \_\_\_\_\_

Username: \_\_\_\_\_

Password: \_\_\_\_\_

*Security Questions (if applicable)*

Security Question 1: \_\_\_\_\_ Security Answer 1: \_\_\_\_\_

Security Question 2: \_\_\_\_\_ Security Answer 2: \_\_\_\_\_

Security Question 3: \_\_\_\_\_ Security Answer 3: \_\_\_\_\_

Other information necessary to access account:

\_\_\_\_\_

### Credit Card Processor Online Access

Processor Name(s): \_\_\_\_\_

Website Address: \_\_\_\_\_

Username: \_\_\_\_\_

Password: \_\_\_\_\_

Other information necessary to access account:

\_\_\_\_\_

***Client documents and information are confidential and will not be reproduced, sold, or redistributed. You may also change your online access password(s) once the underwriting process has been completed.***

Please share any other information you think may be relevant:

\_\_\_\_\_

\_\_\_\_\_

Thank you!

Please save completed document and select a method to submit:  
**1) EMAIL to support@capitallynk.com OR 2) print and fax to 1-877-433-7796**  
For assistance, call 1-866-903-5012 Ext. 304. Thank you!