



Business Information

Legal/Corporate Name, Doing Business As (DBA), Physical Address, Mailing Address, Business Phone Number, Fax Number, Do you operate a franchise?, Type of Entity, State of Incorporation, Date Established, Federal Tax ID Number, Type of Industry, Products Sold / Services Offered, Website, WWW, How many other business locations do you own?, Avg Monthly Credit Card Sales, Avg Monthly Total Sales (Cash, Checks etc...), Projected 2017, 2016, 2015 Gross Sales

Merchant/ Owner Information

Primary Contact

Salutation, Corporate Officer/ Owner Name, Title, Date Started Current Ownership, % Ownership, Home Address, City, State, Zip Code, Date of Birth, Social Security Number, Home Phone Number, Cell Phone Number, Email Address, Preferred Method of Contact

Partner Information

Primary Contact

Salutation, Corporate Officer/ Owner Name, Title, Date Started Current Ownership, % Ownership, Home Address, City, State, Zip Code, Date of Birth, Social Security Number, Home Phone Number, Cell Phone Number, Email Address, Preferred Method of Contact

Business Property Information

Own or Lease (Circle One), Monthly Rent/Mortgage Amount, 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 (repeated 3 times)

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.

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? **YES / NO**

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)? **YES / NO / UNDECIDED**

Does your business have any previous advances or loans in collections? **YES / NO**

What did you like and/or dislike about your current provider(s)?

What are you looking for in Capital Lynk as your new working capital provider?

Has your business ever have 2 or more advances at the same time? **YES / NO**

Have you recently applied for working capital with any other companies and/or providers? **YES / NO**

Have you filed your most recent tax return for your business (2016)? **YES / NO**

What is the total amount your business filed for 2016? \$ _____

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: _____ approximate lease end date: _____

Current on business rent or mortgage payments: **YES / NO**

If not current, # Of Months behind: _____ Total amount owed: \$ _____

Does your business have any open state or federal tax liens? (Please Circle One)

YES – State Liens / YES – Federal Tax Liens / YES – Both / NONE

If yes: Approximate amount owed: \$ _____ Active payment plan in place: **YES / NO**

Of Business Bank Accounts: _____ Does your business accept credit cards? **YES / NO**

Banking online access set up: **YES / NO** Credit card processor online access set up: **YES / NO**

Please select the type of receivables you are looking to factor and obtain funding quotes for:

Gross Sales Deposits - Repaid through my business bank account with a Daily/Weekly ACH Debit

Credit Card Sales - Repaid based on a Fixed Percentage (%) of my Credit Card Revenue

***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 write legibly 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

Credit Card 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!

**When completed, please choose one of the following methods to submit:
1) Fax all pages to 1-877-433-7796 or 2) scan and email to support@capitallynk.com
For assistance, call 1-866-903-5012 Ext. 304**