

CAPITAL APPLICATION



AlphaLoans.com

1500 Weston Rd Weston, FL 33326 (T) 877-781-0910 (F) 954-691-1228

Business Legal Name:	Doing Business As (DBA):
Address:	Suite/Floor:
City:	State:
Zip:	Phone Number:
Mobile:	Fax:
Website:	Email:
Legal Entity: Corp Sole Prop LLC	Federal State (Tax ID):
Business Start Date:	Length of Ownership:
Landlord Name:	Landlord Phone:
Monthly Payment:	Are you current with rent/mortgage:
Owner(s)/Principal Information	
Name (Applicant 1):	Name (Applicant 2):
DOB: SSN:	DOB: SSN:
Address:	Address:
Email:	Email:
Ownership Percentage:	Ownership Percentage:
Referrals	
Name and Phone Number:	
Name and Phone Number:	
Funding Information	
Nature Of Business:	Type of Service:
Average Monthly Credit Card Volume:	
Average Monthly Sales:	Annual Gross Sales:
Number of Business Accounts:	Average Daily Bank Balance:
Are you interested in equipment financing?	
Have you used a Cash Advance Plan before?	Current Balance:
Have you used a daily payment loan before?	Daily Amount:
Amount Needed:	
Use of Funds:	
Are you a home based business:	
<p align="center">By Signing below, the Merchant and its owners/ Principals: (1) certify that all information documents in connection with this application is true correct and complete; and (2) authorize Bankers Business Group LLC, and it's agents, partners, and lenders to receive credit reports and any other information regarding the Merchant and its owners and principles from third parties, to verify any information provided on the Application.</p>	
Signature (Applicant 1):	Date:
Signature (Applicant 2):	Date: