

BUSINESS INFORMATION

Business Legal Name		Business DBA Name	
Address		Business Start Date	
City State Zip		State of Incorporation	
Federal State Tax ID		Phone #	
Website		Cell #	
Legal Entity	<input type="checkbox"/> Corp <input type="checkbox"/> Sole Prop <input type="checkbox"/> LLC <input type="checkbox"/> Partnership	Email Address	
Business Property	<input type="checkbox"/> Lease <input type="checkbox"/> Own	Products/Services Sold	
Term of Lease		Estimated Annual Gross Revenue	
Landlord Name & Number		Average Visa Master Card Monthly Sales	
Are you interested in CREDIT REPAIR?	<input type="checkbox"/> Yes <input type="checkbox"/> No (check one)	Desired Working Capital Amount	
		Use of Funds	

OWNER INFORMATION

Name	Name
Address	Address
City State Zip	City State Zip
Cell #	Cell #
Email	Email
% of Ownership	% of Ownership
Date of Birth	Date of Birth
SSN #	SSN #
Credit Score	Credit Score

FUNDING INFORMATION

How Many Advances Do You Have?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 (check one)	Date Funded	
Who Funded You?		How Much Did They Fund You?	
Payment Schedule	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly	Did You Use A Broker?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Current Balance			

AGREEMENT

By signing below, the Merchant and its owners / principals: (1) certify that all information and documents submitted in connection with this Application is true, correct and complete; and (2) authorize East Shore Equities LLC and it's representatives to receive credit reports and any other information regarding the Merchant and its owners and principals from third parties, to verify any information provided on the Application.

SIGNATURES

Officer #1	Print: _____ Sign: _____	Title:	Date:
Officer #2	Print: _____ Sign: _____	Title:	Date:

