The 3 Minute Merchant Application

egal Business Name: DBA Name:	% Ownership:_	
		
Physical Address: City:	State: Zip:	
Business Phone: ()Business Fax: ()	Email:	
Ttl Monthly Sales (cc & cash): Type of Business: Years in	Business: Business Open Date:	
ime Remaining on Site Lease/Mort.: Landlord/Agent Name:	Landlord/Agent Phone#:	
Number of Locations: 9-Digit Federal Tax ID number:	Is your business for sale? Ye	es No
Amount Requested:	Have you ever filed for bankruptcy? Ye	es No
ntended Use of Cash Advance:	Do you have any federal or state tax liens? You	es No
lave you previously had a cash advance? Yes No If yes, please supply payof	f confirmation. Is your business seasonal? Yo	es No
CREDIT CARD PROCESSOR INFORMATION:		
Current Processor: Merchant Account	t Number:	
Ferminal Type currently used: Number of Terminals	at Location:	
ength of Time with Current Processor: Years Months		
PRINCIPAL OWNER INFORMATION:		
Principal Owner Name:Social Security Number:	D.O.B. :	_//
Home Address: City:	State:	Zip:
Home Phone: () Mobile: ()		
How Long at Home Address: Number of years at previous home address:	Estimated Current Annual Income \$	
and Owner Name:Social Security Number:	– D.O.B.:/	/
Home Address: City:	State:	Zip:
Home Phone: ()Mobile: ()		
How Long at Home Address: Number of years at previous home address:		
PLEASE SUBMIT THE FOLLOWING WITH YOUR APPLICATION:	FAX TO: 800-968-3396	
COMPLETED THREE MINUTE APPLICATION 4 Recent months	s of Statements	
COMPLETED TITLE MINUTE AFFEIGATION 4 Recent months	o of Statements	
Sales Staff Informati	on	
Merchant ID: Office: Secured Capit	al Team II C	