



ADMINISTRATIVE FORM

email to: newcontracts@sfscapital.com

FAX TO: NEW CONTRACTS- 212-764-3029

The Business-

Sales Rep: _____

DBA Name: _____ Legal Name: _____

Type of Business: _____ Fed ID#: _____ Corp / LLC/ Sole Prop

Bus. Address: _____ City / State / Zip: _____

Billing Address (if different) _____ City / State / Zip: _____

Phone at Location: _____ Preferred Phone: _____ Fax: _____

Bus. Email: _____ Website: _____

Years in Business: _____ Average Ticket \$: _____

Do You Have a Cash Advance?: _____ With Who?: _____ Balance: _____

Avg Monthly V/MC \$: _____ Avg AMEX: _____ Gross Annual Sales: _____

Current Credit Card Processor: _____

Owners / Officers-

1st Owner Name: _____ Date of Birth: _____ SS#: _____

Home Address: _____ City / State / Zip: _____

Home Phone: _____ Cell Phone: _____ Own / Rent _____ Yrs There: _____

Drivers Lic#: _____ State: _____ Personal Email: _____

2nd Owner Name: _____ Date of Birth: _____ SS#: _____

Home Address: _____ City / State / Zip: _____

Home Phone: _____ Cell Phone: _____ Own / Rent _____ Yrs There: _____

Drivers Lic#: _____ State: _____ Personal Email: _____

Business Location:

Lease or Own: _____ Term on Lease: _____ Monthly Rent: _____

Landlord or Mortgage Co: _____ Contact: _____ Phone #: _____

Email: _____ Cell#: _____

References:

Bank Name: _____ Branch: _____ Phone: _____ Contact: _____

Trade #1 _____ Phone: _____ Contact: _____

Trade #2 _____ Phone: _____ Contact: _____

Trade #3 _____ Phone: _____ Contact: _____

Are there any pending, threatened or recently filed claims judgments or liens? _____

Are you contemplating a bankruptcy filing? Reorganization? Sale of the Business? _____

I hereby represent that all the above information is true and understand that making false statements might be considered fraud. By providing the above information, the applicant(s) authorize you to whom this application is made or your agents to investigate my/our financial responsibility and credit worthiness, specifically principal and corporate entities, and will provide financial statements, tax returns, etc. as you deem necessary. A photocopy of this authorization will be deemed as acceptable for release of credit information. I/we authorize Strategic Funding Source, Inc. to receive pertinent information regarding the commercial lease for the above referenced location from my leasing company and or agent. I/we authorize you to update my/our credit profile from time to time in the future, as you deem appropriate.

Signature #1: _____

Signature #2: _____

Date: _____

Date: _____



NEW CONTRACT SUBMISSION

MERCHANT DBA: _____ DATE: _____

SALES EXECUTIVE: _____

ISO COMPANY: _____

SUBMISSION CHECKLIST:

- ADMINISTRATIVE FORM - Signed by All Applicants
- SIX (6) MOST RECENT BANK CARD STATEMENTS
- SIX (6) MOST RECENT AMERICAN EXPRESS STATEMENTS (if applicable)
- ONE (1) COMPLETE BANK STATEMENT (Most Recent)
- COPY OF BUSINESS LICENSE (Liquor, Sales Tax Permit etc.)
- COPY OF OWNER'S DRIVERS LICENSE
- MERCHANT'S VOIDED CHECK
- NEW PROCESSOR APPLICATION COMPLETED & SIGNED
- OLD PROCESSOR CANCELLATION NOTICE -SIGNED (if applicable)
- MOST RECENT MORTGAGE STATEMENT (if Merchant owns the property)
- SIGNED MERCHANT CASH ADVANCE AGREEMENT

Submissions will not be accepted without an SIGNED ADMINISTRATIVE FORM and Minimum of THREE CARD STATEMENTS

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