



Please complete and return via email to funding@corpbizsolution.com.

General Information - Type or print clearly - Complete all information or enter N/A

Exact Business Name:		DBA (Doing Business As)	
Primary Street Address/Headquarters:		City/State/Zip:	
Main Business Phone:	Main Business Fax:	Primary Email:	Date Business Started:
Principal Contact Name:	Title:	Type of Corp., LLC, Corp, Etc	State of Incorporation:
Fiscal Year End:	State Franchise Tax ID:	Federal Tax ID:	Any Liens, UCC, or Debts:
Number of Employees:	Monthly Billing Volume	Credit Card Volume:	How did you find us:

Supplemental Information for Business Revenue Lending – ACH Loans

Years Owned/Date Started	Annual Gross Sales	
Owners Annual Income	Amount Desired	
Purpose of Financing	Nature of business	
Number of Locations (if multiple, provide DBA, address and landlord)		
List 3 Trade References (must include main supplier):		
Trade 1:	Trade 2:	
Trade 3:		
Landlord or Bank Holding Mortgage name	Reference # (if applicable)	Phone #
Does the merchant account have a separate business bank account? (if yes, please provide 6 months statements)	Bank (please provide branch information)	
Any open loans/Advances (if yes answer below)	Funding Company	
Amount Funded	Payback	
Current Balance	Avg. monthly business bank account balance	

STATEMENT OF ACCURACY

The statement made in this, documents submitted electronically, and documents attached to this application are true and accurate to the best of my/our knowledge and belief.

AUTHORIZATION TO OBTAIN INFORMATION

I/We authorize Corporate Business Solution International and its affiliates and agents or any third party funder selected by Corporate Business Solution International, and credit card processor including but not limited to, Integrated Resource Network (IRN), to obtain whatever information regarding employment, bank accounts, and/or outstanding credit (mortgage, auto, personal, home improvement, charge cards, credit unions, etc.) that Corporate Business Solution International deems to necessary in connection with this application or in the course of review or collection of any credit extended in reliance of this application. I/We authorize and instruct any consumer credit agency, commercial credit reporting agency, government agency, taxing authority, business or person to compile and furnish to Corporate Business Solution International any such information regarding us or our businesses as may be requested by Corporate Business Solution International. I/We agree that such information, along with this application, shall remain Corporate Business Solution International property whether or not the application is approved.

This authorization will be valid for a period of two years from the date below or as long as applicant has an outstanding balance with Corporate Business Solution International or its affiliates. You authorize Corporate Business Solution International to verify or check any of the information given including credit references, background information and employment and to obtain credit bureau reports as Corporate Business Solution International deems necessary. You agree to immediately update Corporate Business Solution International if there is any material change in the information provided in any application forms, ownership, officers, financial status, contacts or other information for as long as you or successor or related entities conducts business with Corporate Business Solution International or it's affiliate. A photocopy of this authorization will be as valid as the original.

All PRINCIPALS MUST SIGN BELOW

Owners/Officers/Partners Information

Name 1		Title	
Home Street Address		City/State/Zip	
Own/Rent & Number of Years	Home Number	Cell Number	Email
Drivers License Number	Social Security Number	Date of Birth	% of Ownership

Signature of Name 1: _____

Date: _____

Name 2		Title	
Home Street Address		City/State/Zip	
Own/Rent & Number of Years	Home Number	Cell Number	Email
Drivers License Number	Social Security Number	Date of Birth	% of Ownership

Signature of Name 2: _____

Date: _____

Name 3		Title	
Home Street Address		City/State/Zip	
Own/Rent & Number of Years	Home Number	Cell Number	Email
Drivers License Number	Social Security Number	Date of Birth	% of Ownership

Signature of Name 3: _____

Date: _____

All work commences after initial payment is made.
 Applications are automatically rejected after 30 days of inactivity

Receiving date

Expiration date

Add more sheets if additional Principals