

Business Information

Business Legal Name:	Business DBA Name:		
Business Physical Address:	City:	State:	Zip:
Business Phone:	Company Website:		
Business Fax:	Industry Type:		
Legal Entity: <input type="checkbox"/> Corp <input type="checkbox"/> Sole Prop <input type="checkbox"/> LLC <input type="checkbox"/> Partnership	Federal Tax ID:		
State of Incorporation:	Business Start Date Month:	Year:	
Merchant Type: <input type="checkbox"/> Retail <input type="checkbox"/> Restaurant <input type="checkbox"/> Service <input type="checkbox"/> Other	Annual Gross Revenue (<i>Not net profit/loss</i>):		
Business Office Location: <input type="checkbox"/> Store Front <input type="checkbox"/> Office <input type="checkbox"/> Home <input type="checkbox"/> Other	Last 4 months bank deposits:		
Landlord Name:	1)	2)	3)
Landlord Phone:	Bank Negative Balance Days:		
<input type="checkbox"/> Rent <input type="checkbox"/> Mortgaged/Own	Current Credit Card Processor: (<i>If Applicable</i>)		
Rent/Mortgage Payment: \$	Last 4 months Visa/Master Card volume: (<i>If Applicable</i>)		
	1)	2)	3)
	4)		
	Credit Card Ticket Count:		

Owner Information

Full Legal Name Owner 1:	Full Legal Name Owner 2:
Address: (<i>No PO BOX</i>)	Address: (<i>No PO BOX</i>)
City: State: Zip:	City: State: Zip:
Home Phone: Cell Phone:	Home Phone: Cell Phone:
% of Ownership: Title:	% of Ownership: Title:
Date of Birth: SSN#:	Date of Birth: SSN#:
Email:	Email:

Funding Information

Use of Capital:	Do you have any open MCA or loan accounts? <input type="checkbox"/> YES <input type="checkbox"/> NO Who is your current Lender?
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By signing below, each of the above listed business and business owner/officer (individually and collectively, "you") authorize Statewide Access, LLC dba Quote 2 FUND (a/k/a "Q2F") and each of its representatives, successors, assigns and designees ("Recipients") that may be involved with or acquire commercial loans having daily repayment features or purchases of future receivables including Merchant Cash Advance transactions, including without limitation the application therefor (collectively, "Transactions") to obtain consumer or personal, business and investigative reports and other information about you, including credit card processor statements and bank statements, from one or more consumer reporting agencies, such as TransUnion, Experian and Equifax, and from other credit bureaus, banks, creditors and other third parties. You also authorize Quote 2 FUND to transmit this application form, along with any of the foregoing information obtained in connection with this application, to any or all of the Recipients for the foregoing purposes. You also consent to the release, by any creditor or financial institution, of any information relating to any of you, to Quote 2 FUND and to each of the Recipients, on its own behalf.

Date: _____

Date: _____

Owner/Officer's Name (Print): _____ Owner/Officer's Name (Print): _____

Owner/Officer's Signature: X _____ Owner Officer's Signature: X _____

Rep: SID#8036

Please fax signed application to 888.316.2943

To expedite your processing we will need all pages of required statements faxed or emailed to partnerdocs@quote2fund.com