



# Quaker Capital Inc.

## BUSINESS ADVANCE APPLICATION

Phone: 305-570-2570 Fax: 305-570-2640 email: carol@quakercapitalinc.com

<b>Business Legal Name:</b>		<b>Business DBA Name:</b>	
<b>Address:</b>		<b>Phone:</b>	
<b>City:</b>		<b>Fax:</b>	
<b>State:</b>		<b>Mobile:</b>	
<b>Zip:</b>		<b>Email:</b>	
<b>Website:</b>		<b>Type of Business:</b>	
<b>Legal Entity:</b>			
<b>Federal Tax ID# (EIN):</b>		<b>Landlord / Mortgage Company:</b>	
<b>Date Business Started:</b>		<b>Payment:</b>	
		<b>Landlord Contact Name:</b>	
		<b>Landlord Contact Phone:</b>	
<b>Business References</b>		<b>Contact</b>	<b>Phone</b>
<b>Trade Reference 1 :</b>			
<b>Trade Reference 2 :</b>			
<b>Owners / Principles Information</b>			
<b>Name:</b>		<b>Name:</b>	
<b>Address:</b>		<b>Address:</b>	
<b>City:</b>		<b>City:</b>	
<b>State:</b>		<b>State:</b>	
<b>Zip:</b>		<b>Zip:</b>	
<b>Phone:</b>		<b>Phone:</b>	
<b>Date of Birth:</b>		<b>Date of Birth:</b>	
<b>SSN #:</b>		<b>SSN #:</b>	
<b>Email:</b>		<b>Email:</b>	
<b>% of Ownership:</b>		<b>% of Ownership:</b>	
<b>Have you used a cash advance plan before?</b>		<b>Amount Requested:</b>	
<b>Company:</b>		<b>Average Monthly Credit Card Sales:</b>	
<b>Original Amount:</b>	<b>Holdback:</b>	<b>Average Monthly Gross Sales:</b>	
<b>Current Balance:</b>	<b>Daily ACH Debit:</b>		

The Merchant and Owner(s)/Officer(s) identified above (individually, an "Applicant") each represents, acknowledges and agrees that (1) all information and documents provided to Representative including credit card processor statements are true, accurate and complete, (2) Applicant will immediately notify Representative of any change in such information or financial condition, (3) Applicant authorizes Representative to disclose all information and documents that Representative may obtain including credit reports to other persons or entities (collectively, "Assignees") 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"), and each Assignee is authorized to use such information and documents, and share such information and documents with other Assignees, in connection with potential Transactions, (4) Representative and each Assignee will rely upon the accuracy and completeness of such information and documents, (5) Representative, Assignees, and each of their representatives, successors, assigns and designees (collectively, "Recipients") are authorized to request and receive any Investigative reports, credit reports, statements from creditors or financial institutions, verification of information, or any other information that a Recipient deems necessary, (6) Applicant waives and releases any claims against Recipients and any information-providers arising from any act or omission relating to the requesting, receiving or release of information, and (7) each Owner/Officer represents that he or she is authorized to sign this form on behalf of Merchant. A copy of this authorization may be accepted as an original. The term "Representative" shall mean any funding source looking to offer, make available, or provide to the Merchant access to loans or merchant cash advances based on such Merchant's future receivables or sales and/or structured with a periodic repayment feature. Owner/Officer(s):

X \_\_\_\_\_  
 (Signature) (Print Name) (Date)

X \_\_\_\_\_  
 (Signature) (Print Name) (Date)