



880 West 25th Court Hialeah, FL 33016 Phone: 866-260-2007
 or Email Application to: info@onecapitalfunding.com

One Application, Multiple Competing Offers, Fast Funding!

www.onecapitalfunding.com

BUSINESS INFORMATION

Legal/Corporate Name <input style="width:95%;" type="text"/>		DBA <input style="width:95%;" type="text"/>	
Physical Address <input style="width:95%;" type="text"/>		City <input style="width:30%;" type="text"/>	State <input style="width:30%;" type="text"/>
Mailing Address (If different from physical address) <input style="width:95%;" type="text"/>		City <input style="width:30%;" type="text"/>	State <input style="width:30%;" type="text"/>
Business Phone <input style="width:30%;" type="text"/>	Date Business Started (mm/dd/yyyy) <input style="width:30%;" type="text"/>	State of Incorporation <input style="width:30%;" type="text"/>	Federal tax ID <input style="width:30%;" type="text"/>
Industry Type <input style="width:95%;" type="text"/>		Sub-Industry <input style="width:95%;" type="text"/>	
Fax Number <input style="width:30%;" type="text"/>	Email Address <input style="width:30%;" type="text"/>	Products / Service Sold <input style="width:95%;" type="text"/>	
Ownership Type (Select one) <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other		Monthly Revenue	Desired Founding Amount: <input style="width:30%;" type="text"/>
Have you filed for Bankruptcy in the past 12 months? <input type="checkbox"/> NO <input type="checkbox"/> YES If YES (selected): Active <input type="radio"/> Closed <input type="radio"/> If Closed: Date Closed <input style="width:30%;" type="text"/>		Credit Card Volume <input style="width:30%;" type="text"/>	Intended Use of Funds (Select One)
		Check Volume <input style="width:30%;" type="text"/>	<input type="checkbox"/> Renovate <input type="checkbox"/> Expand <input type="checkbox"/> Inventory
		Cash Volume <input style="width:30%;" type="text"/>	<input type="checkbox"/> Equipment <input type="checkbox"/> Other
Type of Business (Select One) <input type="radio"/> Retail <input type="radio"/> Restaurant / Bar <input type="radio"/> Business Services <input type="radio"/> Wholesale <input type="radio"/> Consumer Services <input type="radio"/> Retail		Website Address <input style="width:95%;" type="text"/>	
Business Owner 1		Business Owner 2 (If ownership less than 50%)	
Name <input style="width:95%;" type="text"/>	Ownership % <input style="width:30%;" type="text"/>	Name <input style="width:95%;" type="text"/>	Ownership % <input style="width:30%;" type="text"/>
Title <input style="width:95%;" type="text"/>	Date of Birth <input style="width:30%;" type="text"/>	Title <input style="width:95%;" type="text"/>	Date of Birth <input style="width:30%;" type="text"/>
Home Address (No P.O. Boxes) <input style="width:95%;" type="text"/>		Home Address (No P.O. Boxes) <input style="width:95%;" type="text"/>	
City <input style="width:30%;" type="text"/>	State <input style="width:30%;" type="text"/>	Zip <input style="width:30%;" type="text"/>	
Social Security Number <input style="width:30%;" type="text"/>	Cell Phone Number <input style="width:30%;" type="text"/>	Social Security Number <input style="width:30%;" type="text"/>	Cell Phone Number <input style="width:30%;" type="text"/>
Drivers License Number <input style="width:30%;" type="text"/>	DL State <input style="width:30%;" type="text"/>	Drivers License Number <input style="width:30%;" type="text"/>	DL State <input style="width:30%;" type="text"/>

BUSINESS PROPERTY INFORMATION

Own / Lease <input type="checkbox"/> Own <input type="checkbox"/> Lease	Time at Location <input style="width:30%;" type="text"/> Years & <input style="width:30%;" type="text"/> Months	Monthly Rent / Mortgage \$ <input style="width:30%;" type="text"/>	Date Lease Ends (mm/dd/yyyy) <input style="width:30%;" type="text"/>
Business Landlord or Mortgage Bank <input style="width:95%;" type="text"/>	Contact Name and / or Account Number <input style="width:95%;" type="text"/>	Office / Mobile Number <input style="width:95%;" type="text"/>	

BUSINESS TRADE REFERENCES

Business Name <input style="width:95%;" type="text"/>	Contact Person <input style="width:95%;" type="text"/>	Phone Number <input style="width:30%;" type="text"/>
Business Name <input style="width:95%;" type="text"/>	Contact Person <input style="width:95%;" type="text"/>	Phone Number <input style="width:30%;" type="text"/>

Signing below the merchant and its owners/Principals certify that all the information and documents submitted in connection with this application are true, correct and complete. Additionally applicant authorizes One capital Funding, owners, agent banks or financial institutions to obtain an investigative or consumer report from a credit bureau or credit agency and to verify the references giver and the information provided on the application.

Owner Principal Signature

Co-Owner Signature

Date