



**CAPITAL
SHIFT
GROUP**

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 Web: www.capitalshift.com

Funding Application

Business Legal Name:		Doing Business As:	
Legal Entity: <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietorship		Federal Tax ID:	
Business Phone:		Business Website:	
Mobile:		Business Fax:	
Email Address:		Business Start Date:	
Physical Address:		City:	State:
Mailing Address:		City:	State:
		Zip Code:	Zip Code:

Owner / Principal Information

Name:		% of Ownership:	
Home Address:		City:	State:
Email:		Mobile:	
Date of Birth:		Social Security #:	

2nd Owner / Principal Information

Name:		% of Ownership:	
Home Address:		City:	State:
Email:		Mobile:	
Date of Birth:		Social Security #:	

Business Information

Business Description:	
Renter or Owned:	Open Bankruptcy?
Rent/Mortgage Amount:	
Landlord/Mortgage Company Contact:	

Funding Information

How much Capital is being requested?	
What is the Capital being requested for?	
Visa/MasterCard Monthly Volume:	Total Monthly Sales (All Forms of Revenue):
Gross Annual Sales (Last Year's Tax Return):	
Do you currently have a Cash Advance? If Yes, what is the Current Outstanding Balance?	

Authorization Form

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 Signature: _____ **Co-Owner Signature:** _____
Print Name: _____ **Print Name** _____
Date: _____ **Date:** _____

***Note: All Fields Are Required on this Application before Submission.**