



**Email TO:** [request@promerchantadvance.com](mailto:request@promerchantadvance.com)  
**TRANS ID#:** \_\_\_\_\_  
**Agent Name:** \_\_\_\_\_

**FAX TO:** (866) 416-7521  
**AGENT ID#:** \_\_\_\_\_  
**Agent Contact #:** \_\_\_\_\_

## BUSINESS INFORMATION SHEET

### Merchant Information

Type of Entity (check One)		<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Partnership
<input type="checkbox"/> Limited Liability Partnership		<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Professional Limited Liability Company	<input type="checkbox"/> Franchise	State of Inc/Org: _____
ADVANCE AMOUNT REQUESTED: _____					
Merchant Legal Name				D/B/A	Tax ID (or SS# for Sole Prop)
Merchant Physical Address			City, State, Zip		
Merchant Mailing/Billing Address (if different than physical address)			City, State, Zip		
Days of Operation (circle) Monday Tuesday Wednesday Thursday Friday Saturday Sunday			Proposed Use of Proceeds		
Contact Name		Title	Date Business Started (mm/yy)	Length of ownership	E-Mail address
Website Address		% Sales MOTO/Internet	Business Phone (area code+ number)		Fax (area code+ number)
Type of Business			Total Annual Sales (Cash, Credit card, Check, etc. Please only include confirmable figures)		
Describe current business insurance coverage				Do you have additional locations that accept electronic payments? If so, please name	
Own/Lease Storefront	Lease Start Date	Lease Term	Monthly Rent/Mtg	Type of building	Sq. Ft (approx)
If owned, is your facility currently for sale?			If owned, do you intend to sell your facility within the next 12 months?		
Landlord/Mortgage Company		Contact Name	Phone Number		Fax

### Owner/Principal No. 1

Name		Percentage Ownership	Social Security Number		
Date of Birth	Title	Home Phone #		Cell Phone #	
Residence Address				City, State, Zip	

### Owner/Principal No. 2

Name		Percentage Ownership	Social Security Number		
Date of Birth	Title	Home Phone #		Cell Phone #	
Residence Address				City, State, Zip	

## Electronic Transaction Information

Total Monthly Credit Card Sales (Visa, MC, Discover, Amex, etc)	Average Ticket Size	Average # of Transactions per Day	# of Batches Per Week
Total Monthly Check Processing Volume	Average Check Size	Average # of Checks per Month	# of Batches Per Week
Total Monthly (circle one): EBT/EFT/AutoACH/Teleddebit	Average Transaction Size	Average Transactions per Month	# of Batches Per Week
Is your business seasonal?	Highest monthly total electronic payments (in past 12 months):	Lowest monthly total electronic payments (in past 12 months):	
Additional Electronic Payments (if applicable)		Frequency and Volume of Additional Electronic Payments (if applicable)	

**Applicant, named above, attests that the information provided on this form is accurate and complete, that providing the information to Professional Merchant Advance Capital, LLC does not constitute an application for credit, and that submitting the information does not obligate Professional Merchant Advance Capital, LLC to fund an advance. In addition, Applicant authorizes Professional Merchant Advance Capital, LLC, its assigns, and its agents to obtain an investigative report from credit bureaus or credit agencies, and also to investigate the vendor references and any other references or information given on this application or any other documents submitted by applicant for the purpose of obtaining funding.**

Principal #1	Signature	Date:	% Ownership
Principal #2	Signature	Date:	% Ownership
Principal #3	Signature	Date:	% Ownership