

# Business Cash Advance Application

866- 411- 4006

www.restaurantfactoring.com

**RESTAURANT**  
**FACTORING.COM**

**Business**  
Financial Services  
Your Small Business Funding Source

**Agent # 1945**

**Agent Name: Restaurant Factoring**

**Directions: Please fill in the spaces provided as completely as possible. If there is more than one location please attach separate forms with additional addresses.**

## BUSINESS INFORMATION

Legal Business Name:		DBA: (if different)	
Business Phone:		Toll Free Number:	Fax:
Business Physical Address:			
City:		State:	Zip Code:
Email Address:		Web Site Address:	
Business Mailing Address:		City:	State: Zip Code:
Federal Tax Identification #:		State Tax Identification #:	State of Incorporation:
Date Business Established: (mm/yyyy)		Length of Ownership:	Referring Agent:
Legal Entity: <b>Circle one</b> C-Corporation S- Corporation Sole Proprietorship Limited Liability Partnership			
Intended Use of Funds:		Business Classification: <b>Circle one</b> Internet 50% Retail/50% Service Retail Restaurant Services Manufacturer, Wholesaler	
Products /Services Sold:		Monthly VISA/MC Sales:	Total Monthly Sales:

## BUSINESS OWNER INFORMATION

<b>Owner #1 Name:</b>			Percentage of Ownership:	
Home Address:		Length of Time at Address:	Marital Status: <b>M D S P</b>	
City:	State:	Zip Code:	Driver's License Number:	State:
Social Security Number:		Home Phone Number:		Cell Number:
<b>Owner #2 Name:</b>			Percentage of Ownership:	
Home Address:		Length of Time at Address:	Marital Status: <b>M D S P</b>	
City:	State:	Zip Code:	Driver's License Number:	State:
Social Security Number:		Home Phone Number:		Cell Number:

## TRADE & BANKING INFORMATION

Bank Name:		Phone Number:		Contact Person:	
Address:		City:	State:	Zip:	
Largest Vendor Name:		Contact Name:			
Phone Number:		Fax:	Account #:	ABA #:	
2 <sup>nd</sup> Largest Vendor Name:		Contact Name:			
Phone Number:		Fax:	Account #:		
3 <sup>rd</sup> Largest Vendor Name:		Contact Name:			
Phone Number:		Fax :	Account #:		

