



Merchant Application

FAX COMPLETED APPLICATION TO: 877-884-1106
Or email to info@excelcapmanagement.com

Sales Representative #
Name
Contact # 347-921-4875

BUSINESS INFORMATION

Type of Entity (check one)	<input type="checkbox"/> Corporation <input type="checkbox"/> S Corporation	<input type="checkbox"/> General Partnership <input type="checkbox"/> Nonprofit	<input type="checkbox"/> LLC <input type="checkbox"/> Other	<input type="checkbox"/> LP	<input checked="" type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> LLP	Federal ID
Merchants Legal Name		D/B/A		Business Phone			
Physical Address		City, State, Zip		Business Fax			
Mailing Address / Billing Address		City, State, Zip		Use of Proceeds			
Business Type; Product/Service Sold	State of Incorporation/Organization	Date business started (mm/yy)	Length of Ownership				
Contact Name	Position	Email Address	Web Address	Requested Advance Amount			

MERCHANT/OWNER INFORMATION (1)

Corporate Officer/Owner Name	Title	Social Security Number	Date of Birth	Ownership %
Driver's License & State	Home Phone Number	Cell Phone Number	Email Address	
Residence Address			City, State, Zip	

OWNER INFORMATION (2) – ONLY IF MERCHANT/OWNER (1) IS LESS THAN 51% (both Owners must exceed 51%)

Corporate Officer/Owner Name	Title	Social Security Number	Date of Birth	Ownership %
Driver's License & State	Home Phone Number	Cell Phone Number	Email Address	
Residence Address			City, State, Zip	

SALES & CREDIT CARD PROCESSING INFORMATION

Visa/MasterCard: Card Swipe ____% Manually Keyed ____% Phone/Mail Order ____% Internet ____% Total (100%)	Avg. Gross Monthly Sales (Cash, Checks, Credit Cards)		
Seasonal Sales: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, high volume months: <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec			
# of Terminals	Terminal Make & Model	Software Type / POS System	Software Type / POS System - Contact Name & Phone

BACKGROUND INFORMATION

Are you currently paying back a cash advance? YES NO If Yes, Company: _____ When taken out? _____ Balance: _____

Are you currently behind on any of the following? YES NO If Yes, How much? Utilities: _____ Sales Tax: _____ Liquor Tax: _____ Rent: _____ Bank Loans: _____

Any State / Federal Liens against the owners or business? YES NO If Yes, Details: _____

Have you ever filed for Bankruptcy? YES NO If Yes, Details: _____

Do you have any Lawsuits or Judgments against you or your business pending? YES NO If Yes, Details: _____

TRADE REFERENCE (1) Business Name	Contact, Account Number	Phone Number
TRADE REFERENCE (2) Business Name	Contact, Account Number	Phone Number

BUSINESS PROPERTY INFORMATION

Own/Lease	Lease Start Date	Lease Term	Monthly Rent/Mtg	Type of Building	Square Footage (approx)
Landlord / Mortgage Company	Contact Name	Phone Number	Fax		

1. Application must include a copy of a voided check, each owner's valid driver's license, and your valid business license.
2. EXCEL CAPITAL will conduct independent due diligence of each Merchant that desires financing from EXCEL CAPITAL, and EXCEL CAPITAL may deny financing to any applicant at its sole discretion.
3. Merchant acknowledges and agrees that a consumer or investigative report, including a credit check with recognized credit reporting agency(s), may be conducted in connection with this Application. Merchant hereby authorizes EXCEL CAPITAL and its agents and representatives to (i) initiate such reports, investigations and/or credit checks, (ii) investigate any statements made or data received from or about Merchant and/or its owners/share holders, and (iii) contact any references given by Merchant or its owners/shareholders.
4. Application must include your last 3 complete, consecutive credit card statements, and 3 months bank statements.
5. All information must be completed.

Owner (1) Signature _____ Date _____ Owner (2) Signature _____ Date _____