Prequalification Form

Principal/Owner % Primary Contact: Ownership: Legal Last Name:	Business Legal Name:					Business DBA Name:									
Does the Merchant have any other open	Type of Business					, , ,					☐ Sole Proprietor				
Contracts for working capital? Physical Street Address: Dilling Street Address (if different than above): City: State: Zip: Preferred Contact Phone Number: Industry Type (SIC Code or Description) Amount: \$ Current Credit Card Processor: Business Start Date: Journal Sales: Jorgen part Startening: Business Start Date: Jorgen part Startening: Business Start Date: Jorgen part Startening: Jorgen part Starte		ity (Check One) 🔲 Partnership				, ,									
Physical Street Address: City: State: Zip: Billing Street Address (if different than above): City: State: Zip: Physical Location Phone #: Billing Location Phone #: Preferred Contact Phone Number: Industry Type (SIC Code or Description) Amount: S Rented (circle one) Mortgage Current Credit Card Processor: Gross Annual Sales: Business Start Date: Current Credit Card Volume: Current Credit Card Volume: City: Average Months Card Volume: Current Credit Card Volume: Current Credit Card Volume: Lists the total Last Month Two Months Ago Three Months Ago Four Mon	• •					State of In	ate of Incorporation: Use					Procee	ds:		
Billing Street Address (if different than above): City: State: Zip: Physical Location Phone #: Billing Location Phone #: Billing Location Phone #: Billing Location Phone #: Rented (circle one) Mortgage Current Credit Card Processor: Amount: \$ Gross Annual Sales: (Processor year's to recrum) Lists the total Lists that total Lists that total Lists that total VISA/MasterCard processing volumes from previous four # of Tickets # of Tickets # of Tickets # of Tickets Frincipal/Owner # of Tickets Frincip					NO	City					C+-	+0:	7in.		
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Principal/Owner % Ownership: Primary Contact: Official Title: Official Title: Ownership:	•	# of Ticket	ts		icket							# of T	ickets		
Legal Last Name: Legal First Name: SSN: Date of Birth: Home Phone: Home Address: City: State: Zip: Own Rent Principal/Owner % Primary Contact: Official Title: Legal Last Name: Legal First Name: SSN: Date of Birth: Home Phone: Home Address: City: State: Zip: Own Rent Authorizations The Merchant and Owner(s)/Office(s) identified above (individually, an "Applicant") each represents, admovideges and agrees that (1) all information and documents provided to Fast-Capital 365 ("FC365") including credit and processor steaments are true, accurate and complete, (2) Applicant will immediately notify FC365 of any change in such information or financial condition, (3) Applicant authorizes FC365 to disclose all information and documents provided to Fast-Capital 365 ("FC365") including credit rad processor steaments are true, accurate and complete, (2) Applicant will immediately notify FC365 of any change in such information or financial condition, (3) Applicant authorizes FC365 to disclose all information and documents brain and documents which will be a state of the persons or entities (collectively, "haspieres") that may be involved with or acquire commercial loans having daily repayment features or purchases of future receivable including Mercentic ash Advance transactions, including district theorizes for information and documents, sand share such information and documents with potential Transactions, (4) each Assignee will rely upone death of Assignee will rely upone death of Assignee is submitted to use such information and advanced and promote that accuracy and completences of such information and and promote and any information and accuracy and completences of such information and any information and accuracy and completences of such information and accuracy and com	months:														
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Trade References #2: Contact Phone #: Current Advance/Loan Balance \$ Cell #: Fax #: Website: Landlord/Mtg Name: Business Federal Tax ID #: Contact Phone #: Contact Phone #: Email: Landlord/Mtg Contact #: Amount Requested:	Authorizations 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 FastCapital 365 ("FC365") including credit card processor statements are true, accurate and complete, (2) Applicant will immediately notify FC365 of any change in such information or financial condition, (3) Applicant authorizes FC365 to disclose all information and documents that FC365 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) each Assignee will rely upon the accuracy and completeness of such information and documents, (5) FC365 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														
Trade References #3: Current Advance/Loan Balance \$ Name of Financing Company: Cell #: Fax #: Email: Website: Landlord/Mtg Name: Business Federal Tax ID #: Amount Requested:							Contact Phone #:								
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Principal 2 Print Name: Principal 2 Signature: Date:															