

Credit Application

4619 Viewridge Avenue, Suite C | San Diego, CA 92123

FUNDING INFORMATION

What funding amount are you requesting?

Business start date (MM/YYYY)

What are your gross annual sales?
(Include cash, check and credit card payments)

Use of proceeds

MERCHANT INFORMATION

Company name	DBA (If different)
Street address	Mailing address
City, State, Zip	City, State, Zip
Business phone	Business fax
Website	Email
Industry type	Tax ID
Corporate structure	State of incorporation
Primary contact	Years at this location
Title	
Business property status	Rent <input type="checkbox"/> Own <input type="checkbox"/>
Business property payment (\$)	(Per month)

BUSINESS OWNER/OFFICER #1

Name

Social Security #

Cell

Date of birth (DD/MM/YY)

Address

City, State Zip

Years/months at address

Ownership %

BUSINESS OWNER/OFFICER #2 (IF APPLICABLE)

Name

Social Security #

Cell

Date of birth (DD/MM/YY)

Address

City, State Zip

Years/months at address

Ownership %