

Quick Business Funding LLC

Quick Business Funding, LLC
560 Sylvan Avenue, Suite 2065
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201-994-9601
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FUNDING APPLICATION

Business legal name:		Doing business as:		
Legal Entity: Corporation <input type="checkbox"/> LLC <input type="checkbox"/> SP <input type="checkbox"/>		Federal tax ID:		
Business Phone:		State of Incorporation:		
Mobile:	Business fax:	Business website:		
Email address:		Business start date:		
Physical address:		City:	State:	Zip Code:
Mailing address:		City:	State:	Zip Code:

OWNER/APPLICATION

Name:		% of ownership:		
Home address:		City:	State:	Zip Code:
Email:		Mobile:		
Date of birth:		Social security #:		

2nd OWNER / PARTNER APPLICATION

Name:		% of ownership:		
Home address:		City:	State:	Zip Code:
Email:		Mobile:		
Date of birth:		Social security #:		

BUSINESS INFORMATION

Description:	
Notes:	Open bankruptcy?
Are there any known credit issues?	
Please list any current loans and balances:	

FUNDING INFORMATION

How much capital is being requested?	
What is the capital being requested for?	
Ideal funding timeframe:	Total monthly sales (all forms of revenue):
Gross annual sales (last year's tax return):	
Owner's credit score (if credit has not recently been checked please give best estimate):	

AUTHORIZATION

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 Quick Business Funding, LLC ("QBF") including credit card processor statements are true, accurate and complete, (2) Applicant will immediately notify QBF of any change in such information or financial condition, (3) Applicant authorizes QBF to disclose all information and documents that QBF 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 therefore (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) QBF and each Assignee will rely upon the accuracy and completeness of such information and documents, (5) QBF, 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 act or omission relating to the requesting, receiving or release of information, and (7) each Owner/Officer represents that he or she is authorized to sign this form on behalf of Merchant. A copy of this authorization may be accepted as an original.

Owner Signature: _____

Co-Owner Signature: _____

Print Name: _____

Print Name: _____

Date: _____

Date: _____

*Note: All fields are required on this application before submission.