



**Merchant Pre-Qualification Form**

<b>Business Legal Name:</b>	<b>Business DBA Name:</b>
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<b>Type of Business Entity (Check One)</b>	<b>Corporation</b>	<b>Limited Liability Company</b>	<b>Partnership</b>	<b>Limited Partnership</b>	<b>Limited Liability Partnership</b>	<b>Sole Proprietor</b>
<b>Does the Merchant have any other business with open contracts for working capital? (Check one)</b>		YES	NO	<b>State of Incorporation:</b>		<b>Use of Proceeds:</b>
<b>Physical Street Address:</b>				<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Billing Street Address: (if different than above)</b>				<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Physical Location Phone #:</b>		<b>Business Location Phone #:</b>			<b>Preferred Contact Phone #:</b>	
<b>Industry Type: (SIC Code or Description)</b>		<b>Rented</b>	<b>Mortgaged</b>	<b>Amount:\$</b>		<b>Current Credit Card Processor:</b>
<b>Gross Annual Sales (Previous years tax return):</b>		<b>Business start date under current Ownership</b>			<b>Avg. Monthly Credit Card Volume</b>	

<b>Owner/Officer</b>		<b>Primary Contact:</b>		<b>Job Title:</b>	
<b>Last Name:</b>	<b>First Name:</b>	<b>SSN#</b>	<b>Date of Birth</b>	<b>Home Phone:</b>	
<b>Street Address:</b>		<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	

**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 Synergy Business Solutions, LLC ("SBS") including credit card processor statements are true, accurate and complete, (2) Applicant will immediately notify SBS of any change in such information or financial condition, (3) Applicant authorizes SBS to disclose all information and documents that SBS 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) SBS, 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.

**Owners/Officer's Name (Print)** \_\_\_\_\_

**Owners/Officer's Name (Sign)** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Merchant Cell Phone #** \_\_\_\_\_ **Merchant Fax #** \_\_\_\_\_

**Landlord Name:** \_\_\_\_\_ **Landlord Contact #** \_\_\_\_\_

**Business Federal Tax Id#** \_\_\_\_\_ **Business Website Address** \_\_\_\_\_ **Any Judgements/Liens?** Yes No

**Is your business Seasonal?** Yes No **If Yes, what are the peak months?** \_\_\_\_\_ **Any Open Bankruptcies?** Yes No

**Second owner name and % of ownership** \_\_\_\_\_ / \_\_\_\_\_ %

**Business Trade Reference #1** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Business Trade Reference #2** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Business Trade Reference #3** \_\_\_\_\_ **Phone #** \_\_\_\_\_