



Merchant Pre-Qualification Form

Business Legal Name:			Business DBA Name:			
Type of Business Entity (Check One)	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Sole Proprietor
Business Street Address:			City:	State:	Zip Code:	
Business Location Phone #:			Mobile Phone #:			
Industry Type: (SIC Code or Description)	Rented		Mortgaged		Current Credit Card Processor:	Avg. Monthly CC Volume
		Monthly Payment Amount:\$				
Gross Annual Sales (Previous years tax return):		Business start date under current Ownership		Business Tax ID:		
Does the Merchant have any other existing cash advances or business loans? YES NO			Use of Proceeds:			
Outstanding Balances	Lender # 1		Lender # 2		Lender # 3	
	\$		\$		\$	

Owner/Officer # 1		Job Title:			
Last Name:	First Name:	SSN#	Date of Birth	Home Phone:	
Street Address:		City:	State:	Zip Code:	

Owner/Officer # 2		Job Title:			
Last Name:	First Name:	SSN#	Date of Birth	Home Phone:	
Street Address:		City:	State:	Zip Code:	

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 # 1 (Print) **Owners/Officer's Name # 1 (Sign)** **Date:**

Owners/Officer's Name # 2 (Print) **Owners/Officer's Name # 2 (Sign)** **Date:**

Landlord Name:		Landlord Contact #			
Web Address:	Is your business seasonal? YES NO		If yes, what are the peak months?		
Business Trade Reference # 1			Phone#		
Business Trade Reference # 2			Phone#		
Business Trade Reference # 3			Phone#		