



What We Need To Get You Approved!

Please Complete Application On Next Page

Please Email or Fax This Page With Your Documents and Signed Application

Email: PROPOSALS@ABCMCA.COM Fax: 856.517.4495

COMPANY INFORMATION	Business Phone:
Company Name:	
First Name:	Last Name:
Sales Organization:	Agent Name:

Documents needed:

Last four (4) months business bank statements and month-to-date bank activity printouts (all pages needed).

Last three (3) months credit card processing statements. (If Applicable)

Completed, signed and dated application (see attached).

Copy of your driver's license.

Copy of a voided business check.

*Seasonal Businesses please submit (12) months of business bank statements (All pages). ABC's application is provided on page 2.

Please print, sign and email to Proposals@ABCMCA.com or fax to 856.517.4495

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America's Business Capital, LLC

P: 888.426.0377 F: 856.517.4495 Proposals@ABCMCA.com

COMPANY INFORMATION		Date of Application		
Legal Name & DBA:		Any Existing Cash Advances/Loans?		
Legal Entity Type: Corp LLC Sole Prop Other:		Balance of Current Advances/Loans:		
State of Incorporation:		Funding Company?		
Business Inception Date (Under Current Owner):		Business Tax Liens?	Tax Lien Payment Plan?	
Federal Tax ID:		Filed for Bankruptcy within the last two years?		
Physical Address:		Business Home Based?		
City:	State:		Rent or Own:	Monthly Rent \$:
Zip Code:	Business Phone:		Landlord Phone:	
Business Cell Phone:		Landlord Name:		
Business Email:		Industry Type:		

BUSINESS FINANCIAL INFORMATION					
Gross Annual Sales (Last Years Tax Return): \$			Business Bank Name:		
Average Daily Business Bank Balan	ice: \$		Current Credit Card Processor:		
Average Monthly Sales: \$	Average Mont	hly Deposits: #	Average Monthly Credit Card Sa	les: \$	
Last Month Total Sales: \$	Deposits: #	Neg. Days:#	Last Month CC Sales: \$	CC Batches: #	
2 Months Ago Total Sales: \$	Deposits: #	Neg. Days:#	CC Sales 2 Months Ago: \$	CC Batches: #	
3 Months Ago Total Sales: \$	Deposits: #	Neg. Days:#	CC Sales 3 Months Ago: \$	CC Batches: #	
4 Months Ago Total Sales: \$	Deposits: #	Neg. Days:#	CC Sales 4 Months Ago: \$	CC Batches: #	

AUTHORIZATIONS

By signing below, each of the listed above and/or below business and business owner/officer (individually and collectively, "you") authorize [Americas Business Capital, LLC] ("ABC") and each of its representatives, successors, assigns and designees ("Recipients") 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") to obtain consumer or personal, business and investigative reports and other information about you, including credit card processor statements and bank statements, from one or more consumer reporting agencies, such as TransUnion, Experian and Equifax, and from other credit bureaus, banks, creditors and other third parties. You also authorize ABC to transmit this application form, along with any of the foregoing information obtained in connection with this application, to any or all of the Recipients for the foregoing purposes. You also consent to the release, by any creditor or financial institution, of any information relating to any of you, to ABC and to each of the Recipients, on its own behalf."

OWNER / OFFICER INFORMATION (1)			Date Application Signed	
First Name:		Last Name:		
Officer Title:	Email Address:			Date of Birth:
Business Ownership %:	Social Security Number:			
Home Address:			City:	
State:	Zip Code:		Signature Owner (1):	
Print Name (1):				

OWNER / OFFICER INFORMATION (2)			Date Application Signed		
First Name:		Last Name:	_		
Officer Title:	Business Ownership %:		Social Security Number:		
Email Address:	Date of Birth:		Signature Owner (2):		
Print Name (2):					