

4 bank statements  
 4 merchant statements  
 Fax 954-603-1970  
 844-9FUNDME  
 funding@fortispayments.com

Approvals - 24-48 hours



<b>BUSINESS INFORMATION</b>			
Legal/Corporate Name:		DBA:	
Physical Address:		City:	State: Zip:
Telephone #:	Fax #:	Federal Tax ID:	
Date Business Started:	Length of Ownership:	Website:	
Type of Entity (circle one): Sole Proprietorship Partnership Corporation LLC Other			Email Address:
Type of Business (circle all that apply): Retail MO/TO Wholesale Restaurant Supermarket Other		Product/Service Sold:	
<b>MERCHANT/OWNER INFORMATION</b>			
Corporate Officer/Owner Name:		Title:	Ownership %:
Home Address:		City:	State: Zip:
SSN:	Date of Birth:	Home #:	Cell #:
<b>PARTNER INFORMATION (if merchant ownership % less than 50%)</b>			
Partner Name:		Title:	Ownership %:
Home Address:		City:	State: Zip:
SSN:	Date of Birth:	Home #:	Cell #:
<b>BUSINESS PROPERTY INFORMATION</b>			
Business Landlord or Business Mortgage Bank:		Rent or mortgage payment	Phone #:
<b>BUSINESS TRADE REFERENCES</b>			
Business Name:		Contact, Account # or Fax #:	Phone #:
Business Name:		Contact, Account # or Fax #	Phone #:
Business Name:		Contact, Account # or Fax #:	Phone #:
Home ownership or rent?		How long?	Annual gross sales?
<b>OTHER INFORMATION</b>			
Credit Card Processing Terminal(s)/Software Model:		Number of Terminals:	Average Monthly Volume:
Requested Advance Amount:		Do you Accept: Visa/MasterCard Amex Discover Debit EBT Please circle all that apply.	
Prior/Current Cash Advance Company (if applicable):		Balance:	Underwriter Use Only Split Funds __ ACH __
<p><b>Applicant authorizes Fortis and assigns its, agents, banks or financial institutions full disclosure rights to obtain and investigative any consumer report from a credit bureau or a credit agency. This also includes investigation of any statement or data obtained from applicant.</b></p>			
Applicant's Signature _____		Date _____	