

Please fill in the form below and email or fax your completed application to the email or fax number listed above. By signing below, you certify that all information and documents submitted in connection with this application are true, correct, and accurate. Incomplete applications will not be processed.

BUSINESS CONTACT INFORMATION	
Business Legal Name:	
DBA:	
Address:	
City:	Zip:
State:	
Business Phone:	
Email:	Website:

BUSINESS INFORMATION	
Legal Entity:	
State of Organization:	Federal Tax ID:
Business Start Date (MM/YYYY):	
Industry:	
Type of Product/Service Sold:	
Was Business Purchased from a Previous Owner? Yes No	
Date Current Ownership Started:	

FINANCIAL INFORMATION	
Gross annual sales:	
Avg. Monthly Credit Card Volume:	
Avg. Transaction Amount:	
Avg. Daily Bank Balance:	
Do you have any outstanding loans or advances? Yes No	
Outstanding Loan/Advance Balance:	
Amount Requested:	
Purpose of funds requested:	

PROPERTY DETAILS	
Property Ownership:	
Monthly Rent/Mortgage:	
Are you current with rent/mortgage? Yes No	
Landlord Name:	
Landlord Phone:	
Remaining length of lease:	

List of total Business Bank deposits and # of Days with a negative Balance:	Last Month:	Two Months Ago:	Three Months Ago:	Four Months Ago:
	Total Business Bank Deposits:	Total Business Bank Deposits:	Total Business Bank Deposits:	Total Business Bank Deposits:
List the Total Credit Card Volumes:	# of Days with a negative Balance:	# of Days with a negative Balance:	# of Days with a negative Balance:	# of Days with a negative Balance:
	Last Month:	Two Month Ago:	Three Months Ago:	Four Months Ago:
	# of Tickets:	# of Tickets:	# of Tickets:	# of Tickets:

OWNER / PRINCIPAL INFORMATION (Owner 1)	
Name:	
Date of Birth:	
Home Address:	
City:	State:
Zip:	SSN:
Email:	
Mobile:	Percent Ownership:
Citizenship:	

OWNER / PRINCIPAL INFORMATION (Owner 2)	
Name:	
Date of Birth:	
Home Address:	
City:	State:
Zip:	SSN:
Email:	
Mobile:	Percent Ownership:
Citizenship:	

(If additional Owners/Principals, please attach that information to this application.)

Authorizations: By signing below, each of the above listed business and business owner/officer (individually and collectively, "you") authorize Main Street Finance Groups, LLC. ("MS") 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 therefore (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 MS to transmit it 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 the release, by any creditor or financial institution, of any information relating to any of you, to MS and to each of the Recipients, on its own behalf.

Owner 1 Signature: _____

Date: _____

Owner 2 Signature: _____

Date: _____