

BUSINESS INFORMATION

CASH ADVANCE APPLICATION

Volume Vendor Code: Towns Lending Rep code

Legal/Corporate Name		DBA		
Physical Address		City	State	Zip Code
Mailing Address (If different from physical address)		City	State	Zip Code
Telephone Number	Fax Number	Email Address		
State of Incorporation	Federal Tax ID	Date Business Started (mo/day/yr)		Hours of Operation
Type of Entity (Select 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 Proprietorship				
Type of Business (Select One) <input type="checkbox"/> Retail <input type="checkbox"/> Wholesale <input type="checkbox"/> Business Services <input type="checkbox"/> Consumer Services <input type="checkbox"/> Restaurant/Bar <input type="checkbox"/> Other				
Product/Service Sold		Website Address		

MERCHANT/OWNER INFORMATION

Corporate Officer/Owner Name	Title	Length of Ownership Years and Months		
Home Address	City	State	Zip Code	Ownership %
Date of Birth(month/day/year)	Social Security Number	Home Phone Number	Cell Phone Number	

PARTNER INFORMATION (Required if less than 51% ownership)

Corporate Officer/Owner Name	Title	Length of Ownership Years and Months		
Home Address	City	State	Zip Code	Ownership %
Date of Birth(month/day/year)	Social Security Number	Home Phone Number	Cell Phone Number	

BUSINESS PROPERTY INFORMATION

Own/Lease	Time at This Location YearsMonths	Monthly Rent or Mortgage \$	Date Lease Ends(month/day/year) _ / _ / _
Business Landlord or Mortgage Bank	Contact Name and/or Account No.	Office/Mobile Number ()-	

OTHER INFORMATION

Current Processing Company	No. of terminals	Average Monthly Credit Card Sales \$	Average Monthly Total Sales (Cash, Check and Credit) \$
Requested Advance Amount \$	Requested Daily Withholding (% of credit card %receipts)	Highest Volume Months (please circle months, or N/A if no seasonality) Jan Feb Mar Apr May June July Aug Sep Oct Nov Dec N/A	
Prior/Current Cash Advance Company (if applicable)	Current Balance (if \$ applicable)	Do you usually close the business during part of the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Details: () ()	
Any open State/Federal Tax Liens Against Business or Owner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Details:		Any Lawsuits or Judgments Pending against Business or Owner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Details: () ()	

Applicant authorizes Towns Lending LLC its assigns, agents, bank or financial institutions to obtain and investigative or consumer report from a credit bureau or a credit agency and to investigate the references given on any other statement or data obtained from applicant.

Applicant's Signature

Date

Co-Signature

Date