

Apply for Funding



Franchise Financing USA

A Franchise Financing Company

261 W. 35th Street, Suite 400

New York, NY 10001

Tel: 888-221-7662

Fax: 877-202-3414

www.FranchiseFinancingUSA.com

Franchise Financing USA, LLC Qualification Application

Please fill in the spaces below and mail/ fax us the application. By doing so, you are giving Franchise Financing USA, LLC, as well as its agents and affiliates, permission to review your business and personal credit history in order to provide you with formal funding approval.

Business Legal Name:		Business DBA Name:	
Address:		Suite/Floor:	
City:		State:	
Zip:		Phone:	
Mobile:		Fax:	
Website:		Email:	
Legal Entity: <input type="checkbox"/> Corp <input type="checkbox"/> Sole Prop <input type="checkbox"/> LLC <input type="checkbox"/> Partnership		Federal State# (Tax ID):	
Years in Business:		Length of Ownership:	

Landlord Name:	Landlord Phone:	Rent Payment:
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Owner(s)/Principal Information

Name: _____ Date of Birth: _____	Name: _____ Date of Birth: _____
Address: _____	
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Email: _____	
% of Ownership: _____ SSN: _____	% of Ownership: _____ SSN: _____

References/Bank

Bank Name:	Contact:	Phone:
Trade Reference:	Contact:	Phone:
Trade Reference:	Contact:	Phone:

Funding Information

Average Visa/Mastercard Monthly Sales:		
Average Monthly Sales:		
Have you used a cash advance plan before?: <input type="checkbox"/> YES <input type="checkbox"/> NO		
Average Ticket Size:	Terminal Type:	# of Terminals:
Type of Products Sold:		

By signing below, the Merchant and its owners / principals: (1) certify that all information and documents submitted in connection with this Application is true, correct and complete; and (2) authorize Franchise Financing USA, LLC, its agents, partners, and lenders to receive credit reports and any other information regarding the Merchant and its owners and principals from third parties, to verify any information provided on the Application.

Signature of Owner #1: _____	Date: _____
Signature of Owner #2: _____	Date: _____

PLEASE FAX BACK TO (877) 202-3414