		BUSI	INESS	INFORMATIO	N				
Legal/Corporate Name:				DBA:					
Physical Address:				City:			State:	Zip:	
Talanhana Ha						E.J.	1 T ID		
Telephone #: Fax #:			re			rede	ederal Tax ID:		
Date Business Started: Length			n of Ownership: Wo			Webs	ebsite:		
Type of Entity (check one): Sole Proprietorship Partnership Corporati						Emai	Email Address:		
Type of Business (check all that apply): Retail MO/TO Wholesale	Restaur	rant	Superi	market Other	Pr	oduct/S	Service So	ld:	
	M	IERCI		OWNER INFOR	RMA	TION		1: 0/	
Corporate Officer/Owner Name:			Title:			Ownership %:			
Home Address:			City:				State:	Zip:	
SSN:	N: Date of Birth			Home #:			Cell #:		
		PAF		INFORMATION					
Partner Name:			Title:	Title:			Ownership %:		
Home Address:			City:				State:	Zip:	
SSN:	Date of Birth:			Home #:			Cell #:		
				ERTY INFORM					
Business Landlord or Mortgage Bank: Co			ame and	/or Account #: Phone #		one #:	Monthly Rent Amount:		
				ADE REFEREN					
(Please list at least 3 Business Name:	trade sup	opliers.		attach any additiona ct Name and/or Acc			On a separ Phone #		
Business Name:			Contact Name and/or Account #:			#:	Phone #:		
Business Name:			Contact Name and/or Account #:			#:	Phone #:		
				Γ USE ONLY					
Processing Company: Nun		Numbe	bber of Terminals: Ter			minal Type: Leased/Owned:		Leased/Owned:	
Requested Advance Amount: Reque		Reque				Monthly CC Volume:		Monthly Gross Volume:	
Prior/Current Cash Advance Company (if applicable): Balance			ce:					Current Advance Holdback:	
Applicant <u>and Owner</u> authorizes Pearl lor consumer report from a credit bureau from applicant <u>and Owner</u> .									
Applicant's Signature					Date	:			
Applicant's Signature				D	ate				
Owner's Signature	_				Da	ite			
Owner's Signature									
Owner's Signature					Dat	te			