



IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT:

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We also may ask to see your driver's license or other identifying documents.

FOR OFFICE USE ONLY
Reference #:

A. BUSINESS INFORMATION PLEASE EMAIL APPLICATION & STATEMENTS (pdf) to: **office@admarkcapital.com** (see below)

Legal/corporate name:		DBA:	
Physical address:	City:	State:	Zip:
Mailing address:	City:	State:	Zip:
Federal tax ID:	Business phone:		Fax:
Contact:	E-mail:		Website:
Date business started:	Length of ownership:	Years at location:	# of locations:

B. OWNERSHIP

Name:		Home phone:	Cell phone:
Home address:	City:	State:	Zip:
Driver's license #:	SSN:	Date of birth:	State issued:
% Ownership of company:	Title:	More than 1 owner?	*If so, please attach additional sheet

C. LEASE

Landlord name:	Contact:	Work phone:	Cell phone:	Fax:
Monthly rent:	Square feet:	Dates of lease start and end: ___/___/___ - ___/___/___		

D. TRADE SUPPLIERS

Business name:	Contact:	Phone:
Business name:	Contact:	Phone:

E. BUSINESS PROFILE

Ownership: <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC	Merchant type: <input type="checkbox"/> Retail <input type="checkbox"/> Lodging <input type="checkbox"/> Internet <input type="checkbox"/> Automotive	<input type="checkbox"/> Restaurant <input type="checkbox"/> Service <input type="checkbox"/> Home-based <input type="checkbox"/> Other _____	Cards accepted: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express
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F. EXISTING BUSINESS FINANCING

Do you have existing business financing?	If so, company:
Original balance:	Current balance:

G. BUSINESS REVENUE

Current processing company:	# of terminals:	
Highest volume months: <input type="checkbox"/> Jan. <input type="checkbox"/> Feb. <input type="checkbox"/> Mar. <input type="checkbox"/> Apr. <input type="checkbox"/> May <input type="checkbox"/> Jun. <input type="checkbox"/> July. <input type="checkbox"/> Aug. <input type="checkbox"/> Sep. <input type="checkbox"/> Oct. <input type="checkbox"/> Nov. <input type="checkbox"/> Dec.		
Average gross monthly sales:	Average ticket size:	Average Visa/MasterCard monthly sales:

H. OTHER INFORMATION

Is business seasonal or closed during part of the year?	If so, details:
Is business for sale?	If so, details:
Any open state/federal tax liens against business or owner?	If so, details:
Any lawsuits or judgments pending against business or owner?	If so, details:

Authorization to Contact You By Phone: You authorize us, and our affiliates, agents and independent contractors, to contact you at any telephone number you provide to us or from which you place a call to us, or any telephone number where we believe we may reach you, using any means of communication, including, but not limited to, calls or text messages to mobile, cellular, wireless or similar devices and calls or text messages using an automated telephone dialing system and/or artificial voice or prerecorded messages, even if you incur charges for receiving such communications. **Authorization to Contact You By Other Means:** You also agree that we and our affiliates, agents and independent contractors may use any other medium, as permitted by law and including, but not limited to, mail, e-mail, and facsimile, to contact you.

I. SIGNATURE

By signing below, the Merchant and its owners/principals: (1) certify that all information on and documents submitted in connection with this Application are true, correct, and complete; and (2) authorize admark its agents, partners, and lenders under the Fair Credit Reporting Act to obtain information from your personal and/or Merchant credit profile or other information from third parties solely to in order to determine creditworthiness, verify any information provided on the Application and/or prevent and report fraudulent transactions. If you are applying on-line, clicking "I AGREE" shall be written instructions with the same effect as your signature.	
Signature:	Date:

PLEASE BE SURE TO COMPLETE ALL FIELDS. N/A if not applicable. Sending pdf via email is safe. Expect a call when received.

EMAIL SIGNED APPLICATION WITH 4 MONTHS BANK STATEMENTS and 4 MONTHS PAYMENTS PROCESSING STATEMENTS (pdf) to:

office@admarkcapital.com Please call anytime with questions: (775) 234-2006 Admark Capital Business Finance Agency