



**BUSINESS APPLICATION**

Tel: 855-439-0507

BUSINESS INFORMATION			
Legal / Corporate Name:		Doing Business As:	
Physical Address:		City:	State: Zip Code:
Mailing Address (If different from physical address)		City:	State: Zip Code:
Phone	Fax	Cell / Alt. Phone	Email Address
Business Start Date	State of Incorporation	Product / Service Sold	
Type of Entity (Select One) Federal Tax ID <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> S-Corp <input type="checkbox"/> C-Corp <input type="checkbox"/> LLC <input type="checkbox"/> Other			
Business Category (Select One) Website Address <input type="checkbox"/> Retail <input type="checkbox"/> Wholesale <input type="checkbox"/> Manufacturing <input type="checkbox"/> Services <input type="checkbox"/> Restaurant/Bar <input type="checkbox"/> Lodging <input type="checkbox"/> Other			

OWNERSHIP INFORMATION			
Applicant #1 Name		Title	Length of Ownership Years Months
Home Address		City	State Zip Code Ownership %
Date of Birth	Social Security Number	Home Phone	Cell Phone Driver's License Number-State
Applicant #2 Name		Title	Length of Ownership Years Months
Home Address		City	State Zip Code Ownership %
Date of Birth	Social Security Number	Home Phone	Cell Phone Driver's License Number-State

BUSINESS PROPERTY INFORMATION			
Rent or Own Length of <input type="checkbox"/> Rent <input type="checkbox"/> Own	Ownership Monthly Rent / ____ Years ____ Months	Mortgage Lease Start Date	Term Remaining on Lease ____ Years ____ Months
Landlord / Mortgage Co.		Contact Name / Account No.	Phone

BUSINESS TRADE REFERENCES			
Business Name	Contact	Phone	Fax
1.			
2.			
3.			

OTHER INFORMATION			
Average Sale Price	No. Terminals	Avg. Monthly Credit Card Sales Avg. \$ \$ \$	Monthly Gross Sales Largest Sale Amount
Amount Requested \$	Terminal Type/Model	Processing Methods: Card Present Mail Order Internet Current Cash (Must Equal 100%)% _____ % _____ % (*If Applicable)	Advance Co. & Balance*
Bank Name	Phone	City ST Routing Number	Account Number
Any State/Federal Tax Liens Against Business or Owner? Have you ever filed for <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Details: _____		Bankruptcy? Details: _____ Yes	Is the Business Seasonal? <input type="checkbox"/> Yes <input type="checkbox"/> No

Applicant authorizes Agent its assignees, agents, banks or financial institutions to obtain an investigative report from credit bureaus or credit agencies, and also to investigate the Trade References, Landlord and any other references provided on this Application or any other documents submitted by Applicant and Applicant's named Officer or Owner for the purposes of obtaining funding.

<b>X</b>	<b>X</b>
1st Applicant's Signature	2nd Applicant's Signature
Date	Date

BPC Rep:

**PLEASE SEND: APPLICATION, 6 MONTHS BANK STATEMENTS, 6 MONTHS CREDIT CARD STATEMENTS & I.D.**  
 PLEASE FAX TO: 410-885-4884 or Email to: [Applications@CirqaFinancial.com](mailto:Applications@CirqaFinancial.com)

[info@cirqafinancial.com](http://info@cirqafinancial.com)

Cirqa Financial cares about your privacy. Cirqa Financial has business relationships with various providers and is required to as part of this financial services application, reveal the information contained in this application to selected third parties for their approval prior to your acceptance to this program. A credit report will be run on the above referenced guarantors. In some instances the services and products you are applying for will be provided by selected third parties. Terms and conditions, scope of services and credit reporting service enrollment requirements may vary between these providers. In addition, some services not associated with a loan or merchant advance may require a Success Fee of 10% of total funding source provided. You will have the opportunity to review and approve these service conditions prior to receivership and acceptance.