



MERCHANT PREQUALIFICATION APPLICATION

| Business Information | | | | | | |
|---|----------------------------|--------|---------------------------|-----------|---|--|
| Business Legal Name: | | | State of Incorporation: | | Type of Business Entity (check 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 Proprietor | |
| Business DBA Name: | | | | | | |
| Physical Street Address: | | City: | State: | Zip Code: | | |
| Billing Street Address (if different from above): | | City: | State: | Zip Code: | | |
| Physical Location Phone #: | Preferred Contact Phone #: | | Cell Phone #: | | | |
| Federal Tax ID #: | | Fax #: | Business Website Address: | | | |

| | | | | |
|---|--|-----------------------------|-----------------|--|
| Industry Type: (Description) | | Business Start Date: | | Funding Amount Requested: |
| Gross Annual Sales: | | Average Daily Bank Balance: | | Use of Proceeds: |
| Monthly Bank Deposit Volume: | | Credit Card Processor: | | |
| Any Outstanding Loan or Advance Balances? <input type="checkbox"/> YES <input type="checkbox"/> NO | | If Yes, list balance: | Funding Company | Any Open Bankruptcies? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Seasonal Business? <input type="checkbox"/> YES <input type="checkbox"/> NO | | If Yes, List Peak Months: | | Any Judgements/Liens? <input type="checkbox"/> YES <input type="checkbox"/> NO |

| Ownership Information | | | | |
|-----------------------|-------------|-------|--------------|---------------------------|
| Owner/Officer 1 | | | Ownership %: | Primary Merchant Email: |
| Last Name: | First Name: | SS #: | DOB: | Home Phone: |
| Street Address: | | | City: | State: Zip Code: |
| Owner/Officer 2 | | | Ownership %: | Secondary Merchant Email: |
| Last Name: | First Name: | SS #: | DOB: | Home Phone: |
| Street Address: | | | City: | State: Zip Code: |

| Property Owner Information (please complete what is applicable to your business) | | |
|--|--|----------------|
| <input type="checkbox"/> Rented <input type="checkbox"/> Mortgaged <input type="checkbox"/> Owned Outright | | Landlord Name: |
| Rent/Mortgage Amount: | | Phone #: |
| If owned, property value: | | |
| Landlord Type: <input type="checkbox"/> Management Company <input type="checkbox"/> Sole Ownership <input type="checkbox"/> Corporation <input type="checkbox"/> Other | | |

Authorization

By signing below, each of the above listed business and business owner/officer (individually and collectively, "you") authorize Accel Capital ("Accel Capital") and each of its representatives, successors, assigns and designees ("Recipients") that may be involved with or acquire commercial loans having daily repayment features or purchases of future receivables including Merchant Cash Advance transactions, including without limitation the application therefor (collectively, "Transactions") to obtain consumer or personal, business and investigative reports and other information about you, including credit card processor statements and bank statements, from one or more consumer reporting agencies, such as TransUnion, Experian and Equifax, and from other credit bureaus, banks, creditors and other third parties. You also authorize Accel Capital to transmit this application form, along with any of the foregoing information obtained in connection with this application, to any or all of the Recipients for the foregoing purposes. You also consent to the release, by any creditor or financial institution, of any information relating to any of you, to Accel Capital and to each of the Recipients, on its own behalf.

Owner / Officer 1 Name: (Print) _____

Owner / Officer 1 Signature: _____

Date: _____

Owner / Officer 2 Name: (Print) _____

Owner / Officer 2 Signature: _____

Date: _____