

Sales ID: _____



CUSTOMER INFORMATION FORM

Please fill out the form in its entirety & and return by email or fax.
 By doing so, you are giving Kapitus and its affiliates permission to review your business and personal credit history.

Business Information					
Legal Business Name:			Business DBA Name:		
Address:			City:	State:	Zip:
Phone:		Fax:	Email:		
Website:			EIN/Tax ID:		
Entity: <input type="checkbox"/> Sole Prop <input type="checkbox"/> INC <input type="checkbox"/> LLC <input type="checkbox"/> Partner <input type="checkbox"/> Other			State		
Industry Type (NAICS or description):			Business Start Date (Current Owner):		
Business Location: <input type="checkbox"/> Home <input type="checkbox"/> Commercial Location			Business Description:		
Equipment Information					
Payment Terms: <input type="checkbox"/> 24 <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60		Structure: <input type="checkbox"/> FMV <input type="checkbox"/> 10% PUT <input type="checkbox"/> EFA <input type="checkbox"/> Fixed Purchase		Equipment: <input type="checkbox"/> New <input type="checkbox"/> EFA	
Equipment Type:		Year:	Equipment Location:		
Manufacturer:			Make:	Model:	
Hours/Miles:		Qty:	Unit Cost:	Total Cost:	
Vendor:			Contact Name:		
Vendor Website:			Phone:	Email:	
Additional Working Capital Request: \$			Use of Working Capital:		
Owner/Principal Information					
Owner 1:			Owner 2:		
Address:			Address:		
City:	State:	Zip:	City:	State:	Zip:
Home Phone:			Home Phone:		
Mobile Phone:			Mobile Phone:		
Email:		Ownership%:	Email:		Ownership%:
Date of Birth:		SSN#:	Date of Birth:		SSN#:
Bankruptcy in the past 10 years? <input type="checkbox"/> No <input type="checkbox"/> Yes			Bankruptcy in the past 10 years? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Estimated FICO: <input type="checkbox"/> Below 500 <input type="checkbox"/> 500-599 <input type="checkbox"/> 600-699 <input type="checkbox"/> 700+			Estimated FICO: <input type="checkbox"/> Below 500 <input type="checkbox"/> 500-599 <input type="checkbox"/> 600-699 <input type="checkbox"/> 700+		
Business Property Information					
Property: <input type="checkbox"/> Own <input type="checkbox"/> Rent		Monthly Rent/Mortgage:	If owned, by who?		
Landlord Name (if renting):			Landlord Phone Number (if renting):		
Landlord Email (if renting):			Landlord Fax Number (if renting):		
Business/Trade References					
Bank 1:		Accounts: <input type="checkbox"/> Checking <input type="checkbox"/> LOC <input type="checkbox"/> Equipment Lease		Contact:	
Bank 2:		Accounts: <input type="checkbox"/> Checking <input type="checkbox"/> LOC <input type="checkbox"/> Equipment Lease		Contact:	

By signing below, each of the above listed business and business owner/officer (individually and collectively, "you") authorize Kapitus 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 Kapitus 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 Kapitus and to each of the Recipients, on its own behalf.

Owner 1 Signature _____ Owner 2 Signature: _____
 Date: _____ Date: _____