

Application



Rep ID: 001
Phone: (877) 620-7999
Fax: (855) 558-2736

BUSINESS INFORMATION			
Legal/Corporate Name:		DBA:	
Physical Address:		City:	State: Zip:
Telephone #	Fax #:	Federal Tax ID:	
Date Business Started:	Length of Ownership:	Website:	
Type of Entity (circle one): Sole Proprietorship Partnership Corporation LLC Other			Email Address:
Type of Business (circle all that apply): Retail MO/TO Wholesale Restaurant Supermarket Other			Product/Service Sold:

MERCHANT/OWNER INFORMATION			
Corporate Officer/Owner Name:		Title:	Ownership %:
Home Address:		City:	State: Zip:
SSN:	Date of Birth:	Home #:	Cell#:

PARTNER INFORMATION			
Partner Name:		Title:	Ownership %:
Home Address:		City:	State: Zip:
SSN:	Date of Birth:	Home #:	Cell #:

BUSINESS PROPERTY INFORMATION		
Business Landlord or Business Mortgage Bank:	Contact Name and/or Account #:	Phone #:

BUSINESS TRADE REFERENCES (Please list at least 3 trade suppliers. Please attach any additional references on a separate page.)		
Business Name:	Contact, Account # or Fax #:	Phone #:
Business Name:	Contact, Account # or Fax #:	Phone #:
Business Name:	Contact, Account # or Fax #:	Phone #:

OTHER INFORMATION			
Credit Card Processing Terminal(s)/Software Model:	Number of Terminals:	Avg. Monthly Credit Card Volume	Avg. Monthly Gross Sales Volume
Requested Advance Amount:	Do you Accept: Visa/MasterCard Amex Discover Debit EBT Please circle all that apply.		
Prior/Current Cash Advance Company (if applicable):	Balance:	Underwriter Use Only Split Funds __ ACH __	

Applicant(s) authorizes My Rainy-Day Company and its assigns, agents, banks or financial institutions to obtain an investigative or consumer report from a credit bureau or a credit agency and to investigate the references given on any other statement or data obtained from applicant.

	_____	_____
	Applicant's Signature	Date
	_____	_____
	2 nd Applicant's Signature	Date