

# Commonwealth Merchant Advance Inc, 3 Minute Merchant Application

BUSINESS INFORMATION			
Legal/Corporate Name:		DBA:	
Physical Address:		City:	State:      Zip:
Telephone #:	Fax #:	Federal Tax ID:	
Date Business Started:	Length of Ownership:	Hours of Operation:	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 (if merchant ownership % less than 50%)			
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 #:
Business Name:		Contact, Account # or Fax #:	Phone #:
OTHER INFORMATION			
Processing Company:		Number of Terminals:	Monthly Volume:
Requested Advance Amount:		Requested Daily Withholding:	
Prior/Current Cash Advance Company (if applicable):		Balance:	
<p>Applicant authorizes commonwealth merchant advance inc, , 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.</p>			
Applicant's Signature _____		Date _____	
Co-signer _____		Date _____	