



<b>BUSINESS INFORMATION</b>			
Legal/Corporate Name:		DBA:	
Physical Address:		City:	State:      Zip:
Telephone #:	Fax #:	Federal Tax ID:	
Date Business Started:	Length of Ownership:	Website:	
Type of Entity (check one): Sole Proprietorship      Partnership      Corporation      LLC      Other			Email Address:
Type of Business (check all that apply): Retail      MO/TO      Wholesale      Restaurant      Supermarket      Other			Product/Service Sold:
<b>MERCHANT/OWNER INFORMATION</b>			
Corporate Officer/Owner Name:		Title:	Ownership %:
Home Address:		City:	State:      Zip:
SSN:	Date of Birth:	Home #:	Cell #:
<b>PARTNER INFORMATION</b>			
Partner Name:		Title:	Ownership %:
Home Address:		City:	State:      Zip:
SSN:	Date of Birth:	Home #:	Cell #:
<b>BUSINESS PROPERTY INFORMATION</b>			
Business Landlord or Mortgage Bank:	Contact Name and/or Account #:	Phone #:	Monthly Rent Amount:
<b>BUSINESS TRADE REFERENCES</b>			
(Please list at least 3 trade suppliers. Please attach any additional references on a separate page.)			
Business Name:	Contact Name and/or Account #:	Phone #:	
Business Name:	Contact Name and/or Account #:	Phone #:	
Business Name:	Contact Name and/or Account #:	Phone #:	
<b>AGENT USE ONLY</b>			
Processing Company:	Number of Terminals:	Terminal Type:	Leased/Owned:
Requested Advance Amount:	Requested Daily Withholding:	Monthly CC Volume:	Monthly Gross Volume:
Prior/Current Cash Advance Company (if applicable):	Balance:	Current Advance Holdback:	
Applicant <u>and Owner</u> authorizes Aldora Capital Partners 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 <u>and Owner</u> .			
Applicant's Signature _____		Date _____	
Applicant's Signature _____		Date _____	
Owner's Signature _____		Date _____	
Owner's Signature _____		Date _____	