

# First Funds®

Fax to: \_\_\_\_\_  
Phone Number: 888-839-6925

## BUSINESS INFORMATION

**Vendor Code: MMS11**

Legal/Corporate Name		DBA	
Physical Address		City	State Zip Code
Mailing Address (If different from physical address)		City	State Zip Code
Telephone Number (____) ____ - ____	Date Business Started (mo/day/yr) ___/___/___	State of Incorporation	Federal Tax ID
Fax Number (____) ____ - ____	Hours of Operation	Product/Service Sold	
Type of Entity (Select One) <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other		Email Address	
Type of Business (Select One) <input type="checkbox"/> Retail <input type="checkbox"/> Wholesale <input type="checkbox"/> Business Services <input type="checkbox"/> Consumer Services <input type="checkbox"/> Restaurant/Bar <input type="checkbox"/> Other		Website Address	

## MERCHANT/OWNER INFORMATION

Corporate Officer/Owner Name		Title	Length of Ownership ____ Years and ____ Months	
Home Address		City	State	Zip Code Ownership %
Date of Birth(month/day/year) ___/___/___	Social Security Number ____ - ____ - ____	Home Phone Number (____) ____ - ____		Cell Phone Number (____) ____ - ____

## PARTNER INFORMATION

Corporate Officer/Owner Name		Title	Length of Ownership ____ Years and ____ Months	
Home Address		City	State	Zip Code Ownership %
Date of Birth(month/day/year) ___/___/___	Social Security Number ____ - ____ - ____	Home Phone Number (____) ____ - ____		Cell Phone Number (____) ____ - ____

## BUSINESS PROPERTY INFORMATION

Own/Lease	Time at This Location ____ Years ____ Months	Monthly Rent or Mortgage \$	Date Lease Ends(month/day/year) ___/___/___
Business Landlord or Mortgage Bank	Contact Name and/or Account No.		Office/Mobile Number (____) ____ - ____

## BUSINESS TRADE REFERENCES

Business Name	Contact or Account Number	Phone Number (____) ____ - ____	Fax Number (____) ____ - ____
Business Name	Contact or Account Number	Phone Number (____) ____ - ____	Fax Number (____) ____ - ____

## OTHER INFORMATION

Current Processing Company	No. of terminals	Average Monthly Credit Card Sales \$	Average Monthly Total Sales (Cash, Check and Credit) \$
Requested Advance Amount \$	Requested Daily Withholding (% of credit card receipts) %	Highest Volume Months (please circle months, or N/A if no seasonality) Jan Feb Mar Apr May June July Aug Sep Oct Nov Dec N/A	
Prior/Current Cash Advance Company (if applicable)	Current Balance \$ (if applicable)	Do you usually close the business during part of the year? <input type="checkbox"/> Yes <input type="checkbox"/> No Details:	
Any open State/Federal Tax Liens Against Business or Owner? <input type="checkbox"/> Yes <input type="checkbox"/> No Details:		Any Lawsuits or Judgments Pending against Business or Owner? <input type="checkbox"/> Yes <input type="checkbox"/> No Details:	

Applicant authorizes FIRST FUNDS LLC its assigns, agents, bank or financial institutions to obtain and 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

\_\_\_\_\_  
Co-Signature

\_\_\_/\_\_\_/\_\_\_  
Date