

Confidential Loan Application

You may return this application by Fax at: (408) 683-9793 or email: retailer@ebtclientservices.com

Legal Business Name: _____ Dba Name: _____

Federal Tax ID: _____ Date Business Open: _____

Legal Business Address: _____

DBA Address: _____ If same as legal. Please leave Blank

Contact Name: _____ Phone Number: _____

Business Information

Business Phone Number: _____ Business email: _____

Business Owner Name: _____ Date of Birth: _____ Age: _____

Social Security Number: _____ Driver License or State ID: _____ Exp: ___/___

Email Address: _____ Percentage of ownership: _____ Type of Business: _____

Name of Business Bank: _____ Name on Bank Account: _____

Routing Number: _____ Account Number: _____

Monthly Sales Volume: _____ How Much is Cash: _____ How much is Credit/Debit: _____

Have you ever bankruptcy: ___ Yes ___ No If yes. What year: _____ Is your business a corporation: _____

LLC: ___ Sole Proprietorship ___ Business Hours of operation: _____ Am. Pm. _____

Purpose of the Loan or Cash Advance: _____

Please Provide the following Documents

_____ 3 Months Bank Statement

_____ A valid Driver License or state id

_____ A voided Business or Personal Check

By signing this application below, I am agreeing to have my credit report viewed by Retailer Application Services and or its entities, partner or assigned agent.

Notes: _____

Name _____ Signature _____ Date:” _____