



37 N ORANGE AVE SUITE 500  
 ORLANDO, FL, 32801  
 TOLL FREE: 1-800-731-8698  
 FAX: 1-877-376-9133  
[WWW.HNFUNDINGNOW.COM](http://WWW.HNFUNDINGNOW.COM)

**BUSINESS INFORMATION**

Legal/Corporate Name		DBA	
Physical Address		City	State
Mailing Address (If different from physical address)		City	State
Telephone Number	Fax Number	Email Address	
State of Incorporation	Federal Tax ID	Date Business Started (month/day/year)	House of Operation
Type of Entity (Select One) <input type="checkbox"/> Corporation <input type="checkbox"/> Limited liability company <input type="checkbox"/> Partnership <input type="checkbox"/> Limited partnership <input type="checkbox"/> Limited liability partnership <input type="checkbox"/> Sole Proprietorship			
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			
Product/Service Sold		Website Address	

**MERCHANT/OWNER INFORMATION**

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

**PARTNER INFORMATION (Required if less than 51% ownership)**

Corporate Officer/Owner Name		Title		Length of Ownership	
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 of Mortgage	Date Lease Ends (month/day/year)
Business Landlord or Mortgage Bank	Contact Name and/or Account No.	Office/Mobile 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) <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec <input type="checkbox"/> 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 H & N FUNDING INC 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