



<b>Merchant Information</b> <i>(Please Complete All Information Below Accurately)</i>			
Legal Name of Merchant:		<input type="checkbox"/> Restaurant <input type="checkbox"/> Retail: _____ <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Convenience <input type="checkbox"/> Bar/Nightclub <input type="checkbox"/> Other: _____	
D/B/A Name of Merchant:			
Merchant Corporate Legal Address:			
City:	State:	Zip:	
Phone:	Fax:	Web Address: www.	
<b>Legal Form of Entity &amp; Authorized Signer</b> <i>(Please Check Box and Complete as Indicated):</i>			
<input type="checkbox"/> Corporation Name of President: _____ Name of Officer Signing Application _____ Title: _____			
<input type="checkbox"/> LLC Name of Manager/Managing Member: _____ (Must Be Signer of Application)			
<input type="checkbox"/> Partnership Name of General Partner: _____ (Must Be Signer of Application)			
<input type="checkbox"/> Sole Proprietorship Name of Owner: _____ (Must Be Signer of Application)			
Date of Organization:	State of Organization:	Federal Tax ID #:	
Number of Partners/Shareholders/Members/Owners in Business: _____ <i>(Please List Them Below)</i>			
1. _____		3. _____	
2. _____		4. _____	
Merchant Primary Establishment Address <i>(if Different):</i>			
City:	State:	Zip:	
Phone:	Fax:	Cell Phone:	
How Long Have You Owned the Establishment? _____ Years _____ Months			
Number of Employees:		Number of Additional Locations Under Same Legal Corporate Entity:	
Has the Business or Owners Ever Filed For Bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No When?			
Name of Landlord:		Landlord Phone:	
<b>Merchant Sales Information</b>			
Total Annual Credit Card Sales?: \$		Total Annual Sales (Cash + CC)?: \$	
Number of Seats (if applicable):		Cuisine type (if applicable):	
Banking Institution for Business Account(s):			
Has this bank been open for at Least 90 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is Your Business Seasonal? <input type="checkbox"/> Yes <input type="checkbox"/> No	
% Sales Decrease In Low Volume Months: %		List Low Volume Months:	
<b>Cash Needs</b> <i>(Minimum of \$5,000 up to a Maximum of \$500,000 Based Upon Approved Credit)</i>			
Total Cash Needed: \$	Date Cash Is Needed:	Weekly Payment You Can Afford? \$	
Cash Will Be Used For <i>(Please Check One or More):</i>			
<input type="checkbox"/> Expansion <input type="checkbox"/> Renovations <input type="checkbox"/> Equipment <input type="checkbox"/> Inventory <input type="checkbox"/> Open Another Location <input type="checkbox"/> Cash Flow <input type="checkbox"/> Pay Taxes <input type="checkbox"/> Marketing <input type="checkbox"/> Pay Off Existing Advance <input type="checkbox"/> Other: _____			
<b>Existing Cash/Financing Providers</b>			
Name of Cash Provider:		Current Balance: \$	
Amount Funded: \$	Date Funded:	Do You Want To Pay Them Off? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Rate:	Please attach the most current statement on your account if you want to pay off this cash provider.		
Name of 2 <sup>nd</sup> Cash Provider:		Current Balance With 2 <sup>nd</sup> Cash Provider: \$	
Amount Funded: \$	Date Funded:	Do You Want To Pay Them Off? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Rate:	Please attach the most current statement on your account if you want to pay off this cash provider.		

**Information on Loan Guarantor (Required)**

Name of Guarantor:			
Date of Birth:		Social Security Number:	
Drivers License #:	State:	Email Address:	
Home Address:			
City:		State:	Zip:
Home Phone:		Cell Phone:	
Do You Own or Rent? <input type="checkbox"/> Own <input type="checkbox"/> Rent		How Long? _____ Years _____ Months	
Have You Declared Personal Bankruptcy in the Past? <input type="checkbox"/> Yes <input type="checkbox"/> No When?			
Do You Currently Have Collection Issues Pending? <input type="checkbox"/> Yes <input type="checkbox"/> No			

The Borrower and Owner(s)/Officer(s) identified above (individually, an "Applicant") each represents, acknowledges and agrees that (1) all information and documents provided to ADVISORY SERVICES USA INC are true, accurate and complete, (2) Applicant will immediately notify ADVISORY SERVICES USA INC of any change in such information or financial condition, (3) Applicant authorizes ADVISORY SERVICES USA INC to disclose all information and documents that ADVISORY SERVICES USA INC may obtain including credit reports to other persons or entities (collectively, "Assignees") that may be involved with or acquire commercial loans. (4) By agreeing to this authorization, I authorize ADVISORY SERVICES USA INC and/or Assignees to order a copy of and investigate my credit history and financial records including my banking records. As part of such investigation I authorize ADVISORY SERVICES USA INC, or their Assignees, to request and obtain consumer credit reports in connection with the opening, monitoring, renewal and extension of this and other accounts with Experian, TransUnion or Equifax. (5) ADVISORY SERVICES USA INC Assignees, and each of their representatives, successors, assigns and designees (collectively, "Recipients") are authorized to request and receive any investigative reports, credit reports, statements from creditors or financial institutions, verification of information, or any other information that a Recipient deems necessary. (6) Applicant waives and releases any claims against Recipients and any information-providers arising from any act or omission relating to requesting, receiving or release of information, and (7) each Owner/Officer represents that he or she is authorized to sign this form on behalf of Borrower, Business and any additional Owners listed within the application. **CONSENT TO ELECTRONIC DISCLOSURES:** You expressly consent to transactions and disclosures with Recipients online and electronically. Disclosure will be provided to you either on the screen, on Recipients' website or via electronic mail to the email address you provided.

**Signature of Merchant Authorized Signer & Loan Guarantor:**

<b>X</b> _____ Date: _____
Merchant Authorized Signer's Title: _____

1. This application must be completed in its entirety. It must be signed and dated by an Authorized Signer of the Merchant who is also the Loan Guarantor.
2. Along with this application please fax the Merchant's three most current credit card statements and the most current bank statement. However, if cash sales are materially higher than credit card sales (by at least 25%) then please fax three months of the most current bank statements and the most current credit card statement.
3. How would you like to be contacted about this financing request?  
 Business Phone  Cell Phone  Home Phone  E-Mail  Business Fax

**Email To: Info@ASUSA.PRO**

**Source of Application (For Office Use Only)**

Sales Rep Name:	Sales Rep E-Mail:
Company Rep Works For:	h
Sales Rep Phone Number:	Date Submitted: