



Merchant Information <i>(Please Complete All Information Below Accurately)</i>			
Legal Name of Merchant:		<input type="checkbox"/> Restaurant	
D/B/A Name of Merchant:		<input type="checkbox"/> Retail: _____	
Merchant Corporate Legal Address:		<input type="checkbox"/> Hotel/Motel	
City:		State:	Zip:
Phone:		Fax:	Web Address: www. _____
Legal Form of Entity & Authorized Signer <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:	
Merchant Sales Information			
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:	
Cash Needs <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: _____			
Existing Cash/Financing Providers			
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 nd Cash Provider:		Current Balance With 2 nd 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			

I hereby give permission to ARF Financial, LLC ("ARF"), or any agent or credit-reporting agency that it may designate, to obtain any and all information concerning my assets and other credit matters, which they may require in connection with this credit Application. I specifically acknowledge and agree that (1) all statements which I have made in this Application are made for purposes of obtaining the financing, (2) verification and reverification of any information which I have supplied in connection with this Application may be made at any time by ARF, either directly or through a credit reporting agency, from any source named in this Application and the original copy of the Application will be retained by ARF, even if the financing is not approved, (3) ARF will rely on the information which I have supplied herein and I have the continuing obligation to amend and/or supplement that information if any of the material facts which I have represented should change prior to the total obligations under the credit Agreement being paid in full and (4) each Guarantor, upon request from time to time by ARF, will provide ARF with financial statements and such other information as ARF deems appropriate, all in form and detail satisfactory to ARF. This Application is part of a credit review process and additional information may be required. ARF may render a credit decision on this application or may elect to submit this Application to one or more banks on the applicant's behalf and any institution considering this Application shall make its own credit decision regarding this Application. The sales representative submitting this Application cannot extend credit or commit to any financing or funding until a credit decision has been made by the appropriate institution.

Signature of Merchant Authorized Signer & Loan Guarantor:

X _____ 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

Transmittal of this Application and all information to be attached may be made by facsimile transmission.

PLEASE FAX THIS APPLICATION TO: 281-215-3888

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: