



Contact Person: John Lopinto
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Direct Dial: 212-547-9460
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Email Address:

**BUSINESS INFORMATION**

Legal/Corporate Name:		DBA:	
Physical Address:		City:	State: Zip:
Business Telephone #:	Business Fax #:	Federal Tax ID:	
Date Business Started:	Length of Ownership:	Website:	
Type of Entity (circle one): Sole Proprietorship Partnership Corporation LLC Other		Email Address:	
Type of Business (circle all that apply): Retail MO/TO Wholesale Restaurant Supermarket Other		Product/Service Sold:	Est. Monthly Sales:

**MERCHANT/OWNER INFORMATION**

Corporate Officer/Owner Name:		Title:	Ownership %:	
Home Address:		City:	State: Zip:	Yrs.at Address:
SSN: Permanent U.S. resident?	Date of Birth:	Home #:	Cell #:	

**PARTNER INFORMATION**

Partner Name:		Title:	Ownership %:	
Home Address:		City:	State: Zip:	
SSN:	Date of Birth:	Home #:	Cell #:	

**BUSINESS PROPERTY INFORMATION**

Business Landlord or Business Mortgage Bank:	Contact Name and/or Account #:	Phone #:
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**BUSINESS TRADE REFERENCES**

(Please list at least 3 trade suppliers. NOTE: Application cannot be processed without trade references.)

Business Name:	Contact Name and/or Account #:	Phone #:
Business Name:	Contact Name and/or Account #:	Phone #:

**OTHER INFORMATION**

Current Processing Company & Account Number:	Type/Number of Terminals:	Monthly Volume:
Requested Advance Amount/Intended Use:	Requested Daily Withholding:	
Prior/Current Cash Advance Company & Length of Time With:	Balance:	

Applicant authorizes Liberty business funding. its assigns, agents, banks or financial institutions to obtain an 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:
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Partner's Signature	Date:
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**Liberty business funding**