



Merchant Pre-Qualification Form

Multi Vision Financial
235 E Broadway St #940, LB, CA 90802
Phone: 888-598-9951 Fax: 562-590-9393
Email: admin@multivisionfinancial.com

| | | | | | | | | | |
|--|--------------------------------------|---|--------------------------------------|---|--|--|------------------|-------------|--|
| Business Legal Name | | Business DBA (Doing Business As) Name | | | | | | | |
| Type of Business Entity (Check One) | <input type="checkbox"/> Corporation | <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Partnership | <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Non-Profit Organization | | | |
| Does the Merchant have any other businesses with open contracts for working capital? (Check One) | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | State you incorporated in: | | What Is The Money For? | | | |
| Business Address | | City: | | State: | | Zip Code: | | | |
| Billing Street Address (If different than above): | | City: | | State: | | Zip Code: | | | |
| Business Location Phone #: | | Business Fax Phone #: | | # of Employees: | | | | | |
| Industry / Business Description | | <input type="checkbox"/> Rent Business Property <input type="checkbox"/> Own Business Property | | Monthly Payment: \$ _____ | | | | | |
| Gross Annual Sales (Previous Year's Tax Return): | | Year and Month Business Started: | | Average Monthly Credit Card Sales Gross: \$ | | | | | |
| List the total VISA/MasterCard processing volumes from previous four months: | Last Month: | | Two Months Ago: | | Three Months Ago: | | Four Months Ago: | | |
| | \$ | # Tickets: | \$ | # Tickets: | \$ | # Tickets: | \$ | # Tickets: | |
| Owner Information | | | | Job Title: | | | | | |
| Last Name: | | First Name | | SS#: | | Date of Birth: | | Home Phone: | |
| Your Home Address | | | | City: | | State: | | Zip Code: | |

Authorizations

The Merchant and Owner(s)/Officer(s) identified above (individually, an "Applicant") each represents, acknowledges and agrees that (1) all information and documents provided to Multi Vision Financial, ("MVF") including credit card processor statements are true, accurate and complete, (2) Applicant will immediately notify MVF of any change in such information or financial condition, (3) Applicant authorizes MVF to disclose all information and documents that MVF may obtain including credit reports to other persons or entities (collectively, "Assignees") that may be involved with or acquire commercial loans having daily repayment features or purchases of future receivables including Merchant Cash Advance transactions, including without limitation the application therefor (collectively, "Transactions") and each Assignee is authorized to use such information and documents, and share such information and documents with other Assignees, in connection with potential Transactions, (4) each Assignee will rely upon the accuracy and completeness of such information and documents, (5) MVF, 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 the 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 Merchant.

Owner / Officer's Name: (Print) _____
Owner / Officer's Signature: X _____ Date: _____

| | | | |
|---|--|---|--|
| Your Cell # _____ | | Your Email Address _____ | |
| Landlord Name _____ | | Landlord Contact # _____ | |
| Biz Tax ID # _____ | | Web Address _____ | |
| Any Judgements/Liens? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Any Open Bankruptcies? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Is your business seasonal? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If Yes, what are the peak months? _____ | |
| Second Owner Name and % of Ownership _____ / _____ % | | | |
| Business Trade Reference #1 _____ | | Phone # _____ | |
| Business Trade Reference #1 _____ | | Phone # _____ | |
| Business Trade Reference #1 _____ | | Phone # _____ | |