



ID#: \_\_\_\_\_

Phone: 888-598-9951  
 Fax: 562-590-9393  
 admin@multivisionfinancial.com

**BUSINESS INFORMATION**

Legal Business Name:		DBA (if different):	
Legal Entity: <input type="checkbox"/> Corp <input type="checkbox"/> LLC <input type="checkbox"/> Sole Prop <input type="checkbox"/> LP <input type="checkbox"/> Other		Date Business Established: (MM/DD/YYYY)	
Business Classification: <input type="checkbox"/> Retail <input type="checkbox"/> Restaurant <input type="checkbox"/> Services <input type="checkbox"/> Manufacturer/Wholesaler <input type="checkbox"/> Internet <input type="checkbox"/> Mail Order/Telephone Order			
Business Address:			
Business Mailing Address:			
Business Phone:		Business Fax:	Mobile:
E-Mail:		Website: http://	
Tax ID Number or Business Number:			
Property Ownership: <input type="checkbox"/> Lease <input type="checkbox"/> Own		Years in Control:	Months in Control:
Landlord / Mortgage Company Name:		Products Sold:	
Landlord / Mortgage Company Phone:		Landlord Contact Name:	
Has the business or any principal ever filed for Bankruptcy Protection? <input type="checkbox"/> Yes <input type="checkbox"/> No		Rent / Mortgage Payment: \$	
		Are there any pending, threatened, or recently filed claims, judgments or tax liens against the business or any principals? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**OWNER / PRINCIPAL INFORMATION**

Name:		Title:	% of Ownership:
Home Address:			
Home Phone:		Cell Phone:	
E-Mail:			
Date of Birth (MM/DD/YY):		Social Security or Social Insurance#:	
Driver's License #:		Driver's License State or Province of Issuance:	

**OWNER / PRINCIPAL INFORMATION - #2**

Name:		Title:	% of Ownership:
Home Address:			
Home Phone:		Cell Phone:	
E-Mail:			
Date of Birth (MM/DD/YY):		Social Security or Social Insurance#:	
Driver's License #:		Driver's License State or Province of Issuance:	

**COMPANY INFORMATION**

Average Monthly Card Sales: \$		Total Monthly Sales: \$	Annual Gross Sales: \$
Desired Funding Amount: \$		Use of Funds:	
Do you currently have any business loans? <input type="checkbox"/> Yes <input type="checkbox"/> No		If YES: *Balance \$	Held With:

**TRADE REFERENCES**

COMPANY (Largest Vendors)	CONTACT NAME	CONTACT PHONE NUMBER

By signing below, the Merchant and its Owners / Principals certify that all information and documents submitted in connection with this Application are true, correct and complete. Additionally, authorize Multi Vision Financial or any of its agents, partners, and affiliates to (1) obtain and use non-business consumer credit reports and any other information regarding the Merchant and its Owners and Principals from third parties, to verify any information provided on the Application; and (2) to obtain the 12 most recent monthly reports detailing Merchant's payment card processing activity from its card processor or any agent or other third party utilized by that processor to authorize, clear and/or settle payment card payments.

Owner/  
 Principal Signature: \_\_\_\_\_ Co-Owner/  
 Co-Principal Signature: \_\_\_\_\_  
 Print Name: \_\_\_\_\_ Print Name: \_\_\_\_\_