

Business Legal Name: _____ Business DBA Name: _____

Type of Business Entity (Check One) Corporation Limited Liability Company Partnership Limited Partnership Limited Liability Partnership Sole Proprietor

Does the Merchant have any other businesses with current AdvanceMe contracts? Circle one YES NO State of Incorporation: _____ Use of Proceeds: _____

Physical Street Address: _____ City: _____ State: _____ Zip Code: _____

Billing Street Address (If different than above): _____ City: _____ State: _____ Zip Code: _____

Physical Location Phone #: _____ Preferred Contact Phone #: _____ Preferred Fax #: _____

Industry Type: (SIC Code or Description) _____ Gross Annual Sales (All revenue: As shown on previous year Tax return): _____ Date the Business first processed Credit Cards under current Ownership: _____

Owner/Officer Primary Contact Job Title: _____ Ownership: _____ %
Name: _____ SS#: _____ E-mail address: _____ Date of Birth: _____ Home Phone: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Visa/MasterCard: Card Swipe _____ % Manually Keyed _____ % Phone/Mail Order _____ % Internet _____ % Total (100%)

Average Ticket:	Total Gross Monthly Volume:	V/MC Monthly Volume:	Annual V/MC Sales:	# of CC Terminals:
Check Card Program YES NO	Discover YES NO	Existing Account #	Terminal Make & Model	
Gift Card Program YES NO	American Express YES NO	Existing Account #	Printer Make & Model	
Debit YES NO	Diners Club/Carte Blanche YES NO	Existing Account #	Software Type/POS System – Contact Name & Phone	
Pin Pad Type	JCB YES NO	Existing Account #		
Terminal Hardware/Software Comments:		Merchant Return Policy:		

Trade Ref. #1 – Co. Name: _____ Contact Name: _____ Phone #: _____ Fax #: _____
Trade Ref. #2 – Co. Name: _____ Contact Name: _____ Phone #: _____ Fax #: _____
Trade Ref. #3 – Co. Name: _____ Contact Name: _____ Phone #: _____ Fax #: _____
LEASE or OWN (Circle One) Lease Start Date: _____ Lease Term: _____ Mthly Rent Amt: \$ _____
Landlord/Mtg. Company: _____ Contact Name: _____ Phone #: _____ Fax #: _____

Bank Name: _____ Phone #: _____ City: _____ State: _____ Zip Code: _____

The above listed Merchant and Owner(s) / Officer(s) (collectively hereafter "Applicants") represent that the information contained on this Contract Application Form and the credit card processor statements provided to AMI are true and correct, and Applicants will immediately notify AMI of any financial change in said Merchant. Applicants hereby authorize AMI to obtain on any of the Applicants any investigative reports, credit reports (Business and Personal), statements from creditors or financial institutions, verification of information provided by any of the Applicants, or any other information that AMI deems necessary. Applicants hereby authorize the release by any creditor or financial institution to AMI of any information relating to any of the Applicants. Applicants waive and release any claims against AMI or any creditor or financial institution arising from any act or omission relating to the obtaining or release of information sought by AMI. **Applicants agree that any pre-qualified offers made by or on behalf of AMI are confidential and may not be disclosed to third parties (other than to Applicants' legal or financial advisors or as required by law), except at AMI's express, written direction.**

Owner / Officer's Name: _____
Owner / Officer's Signature: _____ Date: _____

Sales Information (To be completed by Sales Representative)

Source: _____ Sales Rep #: _____ Sales Representative: _____ Preferred Credit Card Processor: _____

Required Information: (Please fill out all fields & rank the following, with 1 being the most important & 4 being the least)
 ___ Funding Size / Purchase Price \$ _____ RTR Ratio _____ (Will be matched to RBP grids)
 ___ Retrieval Rate Range _____ % (Adhering to guidelines of gross sales) ___ Other _____

Does the merchant have an outstanding balance with another company that purchases future card receivables? Circle one YES NO
If yes, with which company? _____ If yes, what is their outstanding balance? \$ _____

Sales Representative agrees that any pre-qualified offers made by or on behalf of AMI are confidential and may not be disclosed to third parties (other than to Applicants' legal or financial advisors or as required by law), except at AMI's express, written direction.

Sales Representative's Signature: _____ Date: _____