



30 Wall Street, 8th Fl, New York, NY 10005 · Office: (212)-804-5757 · Fax: (212)-943-2300 · submissions@cardeqgroup.com

BUSINESS INFORMATION			
Legal/Corporate Name:		DBA:	
Physical Address:		City:	State: Zip:
Telephone #:	Fax #:	Federal Tax ID:	
Date Business Started:	Length of Ownership:	Website:	
Type of Entity (check one): Sole Proprietorship    Partnership    Corporation    LLC    Other			Email Address:
Type of Business (check all that apply): Retail    MO/TO    Wholesale    Restaurant    Supermarket    Other			Product/Service Sold:
MERCHANT/OWNER INFORMATION			
Corporate Officer/Owner Name:		Title:	Ownership %:
Home Address:		City:	State: Zip:
SSN:	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 Mortgage Bank:	Contact Name and/or Account #:	Phone #:	Monthly Rent Amount:
BUSINESS TRADE REFERENCES			
(Please list at least 3 trade suppliers. Please attach any additional references on a separate page.)			
Business Name:	Contact Name and/or Account #:	Phone #:	
Business Name:	Contact Name and/or Account #:	Phone #:	
Business Name:	Contact Name and/or Account #:	Phone #:	
AGENT USE ONLY			
Processing Company:	Number of Terminals:	Terminal Type:	Leased/Owned:
Requested Advance Amount:	Requested Daily Withholding:	Monthly CC Volume:	Monthly Gross Volume:
Prior/Current Cash Advance Company (if applicable):	Balance:	Current Advance Holdback:	
<p>Applicant authorizes Cardinal Equity LLC, 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.</p> <p>_____</p> <p>Applicant's Signature <span style="float: right;">Date</span></p> <p>_____</p> <p>Applicant's Signature <span style="float: right;">Date</span></p> <p>_____</p>			