



### **Documentation Requirements Checklist**

To ensure a seamless and speedy approval/funding procedure, please make sure that all following documents are faxed along with the application:

- The complete (all pages) past six months of your merchant statements** (seasonal businesses please provide eleven months of merchant statements)
- Your last 3 month's complete business bank statement** (please provide all bank accounts if you have multiple accounts)
- Copy of your voided business check** (if you have multiple accounts, please provide voided check for the account which you would like the funds to be wired to)
- Copy of your D/B/A license or FBN statement**
- Copy of all the principal's Driver's Licenses**
- Copy of business property lease agreement** (if you rent) **or property tax bill/property deed** (if you own the property)

We are looking forward to serve you and thank you for your business.

Fax the completed 3 pages of the application, along with the above documents to:

**PREFERRED Merchants Sales Dept.**  
**(866) 543-6620**  
**or**  
**sales@PREFERREDMerchants.com**

# PREFERRED Cash Advance Application

**PREFERRED Merchants**  
Phone: (888) 9GOT VISA  
Fax: (866) 543-6620  
Sales@PREFERREDMerchants.com



AGENT/REP: \_\_\_\_\_

*Google and Yahoo Ranked #1 In The Nation For Small Restaurant Loans!!*



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## COMPANY INFORMATION

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Legal Business Name: \_\_\_\_\_ DBA Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Type of Entity: Corporate \_\_\_ LLC \_\_\_ LLP \_\_\_ Partnership \_\_\_ Sole Proprietorship \_\_\_ Non Profit \_\_\_ Other: \_\_\_\_\_

Business Category: Retail \_\_\_ Restaurant \_\_\_ Wholesale \_\_\_ Service \_\_\_ Lodging \_\_\_ Bar \_\_\_ Manufacturing \_\_\_ Other: \_\_\_\_\_

Are Most of Your Customers: Consumers \_\_\_ Other Businesses \_\_\_ Government Agencies \_\_\_

Federal Tax ID: \_\_\_\_\_ Products or Services Sold: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

Est. Monthly Sales: \_\_\_\_\_ Visa/MasterCard Monthly Sales: \_\_\_\_\_ Average Sale Amount: \_\_\_\_\_

Business Established Date (Month/Year): \_\_\_\_\_ Length of Ownership: Years \_\_\_\_\_ Months \_\_\_\_\_

Landlord/Agent Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_ Landlord Phone: \_\_\_\_\_

Number of Locations: \_\_\_\_\_ Rent: \_\_\_ Own: \_\_\_ Monthly Rent/Mortgage: \_\_\_\_\_ Square Footage: \_\_\_\_\_

Time Remaining on Site Lease/Mortgage Years: \_\_\_\_\_ Months \_\_\_\_\_

Credit Card Processing Method (Must Equal 100%):

Card Present Swiped: \_\_\_\_\_ % Mail Order/Phone Order: \_\_\_\_\_ % Internet: \_\_\_\_\_ %

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## OWNERSHIP INFORMATION

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1. Principal Owner: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ D.O.B \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Title: \_\_\_\_\_ Ownership%: \_\_\_\_\_ Driver's License Number \_\_\_\_\_ State Issued \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Annual Income: \$ \_\_\_\_\_ How long at this address: \_\_\_\_\_ Number of years at previous home address: \_\_\_\_\_

2. Principal Owner: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ D.O.B \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Title: \_\_\_\_\_ Ownership%: \_\_\_\_\_ Driver's License Number \_\_\_\_\_ State Issued \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Annual Income: \$ \_\_\_\_\_ How long at this address: \_\_\_\_\_ Number of years at previous home address: \_\_\_\_\_

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## CREDIT CARD PROCESSING INFORMATION

Current Processor: \_\_\_\_\_ Merchant Account Number \_\_\_\_\_

Terminal Type Currently Used: \_\_\_\_\_ Number of Terminals at Location: \_\_\_\_\_

Length of Time with Current Processor: Years \_\_\_\_\_ Months \_\_\_\_\_

## BANK INFORMATION

Bank Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

## TRADE REFERENCES

Business: \_\_\_\_\_ Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Business: \_\_\_\_\_ Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

## QUESTIONNAIRE

Is your business for sale? Yes \_\_\_ No \_\_\_ If yes, explain: \_\_\_\_\_

Is your business seasonal? Yes \_\_\_ No \_\_\_ If yes, explain: \_\_\_\_\_

Have you ever filed for bankruptcy? Yes \_\_\_ No \_\_\_ If yes, explain: \_\_\_\_\_

Do you have any federal or state tax liens? Yes \_\_\_ No \_\_\_ If yes, explain: \_\_\_\_\_

Have you previously had a cash advance? Yes \_\_\_ No \_\_\_ If yes, explain: \_\_\_\_\_

If so, how much is the current balance? Explain: \_\_\_\_\_

Amount Requested:\$ \_\_\_\_\_ Intended Use of Cash Advance: \_\_\_\_\_

Applicant, and Applicant's Officer or Owner, named above, each authorize Merchant Resources International, its assignees, and its agents to obtain an investigative report from credit bureaus or credit agencies, and also to investigate the Trade References and any other references provided on this Application or on any other documents submitted by Applicant and Applicant's named Officer or Owner for the purposes of obtaining funding through Merchant Resources International. By signing this Agreement, the Merchant hereby authorizes Merchant Resources International and its affiliates to obtain the 12 most recent monthly reports detailing Merchant's credit card processing activity from its card processor or any agent or other third party utilized by that processor to authorize, clear and/or settle credit card payments.

1st Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2nd Signature: \_\_\_\_\_ Date: \_\_\_\_\_