



FUNDING APPLICATION

1-877-GSFUSA-8
1-877-473-8728

I. MERCHANT INFORMATION

Legal Name:		DBA:	
Organizational Status: Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/>		State of Incorporation:	
Physical Address:			
City:		State:	ZIP:
Mailing Address:			
City:		State:	ZIP:
Business Phone Number:		Business Fax Number:	
Contact Name:	Email:	Website:	
Date Business Started:	Length of Ownership:	Federal Tax ID:	
Business Type:			

II. OWNER/PRINCIPAL INFORMATION:

Owners/Principals: Please provide a minimum of 51% Ownership and **ALL** principals associated with the business.

Name:	Marital Status:	Title:	Ownership %:	Date of Birth:
Home Address:	Own <input type="checkbox"/> Rent <input type="checkbox"/>	City:	State:	Zip:
Home Phone:	Cell Phone:	SSN:	State/Driver License #:	Prior Bankruptcy: Yes <input type="checkbox"/> No <input type="checkbox"/>
Name ⁽²⁾ :	Marital Status ⁽²⁾ :	Title ⁽²⁾ :	Ownership ⁽²⁾ %:	Date of Birth ⁽²⁾ :
Home Address ⁽²⁾ :	Own <input type="checkbox"/> Rent <input type="checkbox"/>	City ⁽²⁾ :	State ⁽²⁾ :	Zip ⁽²⁾ :
Home Phone ⁽²⁾ :	Cell Phone:	SSN ⁽²⁾ :	State/Driver License # ⁽²⁾ :	Prior Bankruptcy: Yes <input type="checkbox"/> No <input type="checkbox"/>

III. BUSINESS PROPERTY INFORMATION:

Own <input type="checkbox"/> Rent <input type="checkbox"/>	How Long:	Square Footage:	Monthly Rent/Mortgage:
Is the Business payment current Yes <input type="checkbox"/> No <input type="checkbox"/>		If NO, how many Months behind:	
Landlord / Mortgage Company:		Contact:	Phone: Fax:

IV. REFERENCES:

Company:	Contact:	Phone:
Company:	Contact:	Phone:
Company:	Contact:	Phone:
Personal Reference:	Relationship:	Phone:
Personal Reference:	Relationship:	Phone:
Nearest relative, not currently living with you: Contact:	Relationship:	Phone:

V. MISCELLANEOUS INFORMATION:

Gross Annual Revenue:	Monthly Credit Card Sales:
Amount Requested:	Intended use of funds:
Is the Business Currently Paying a Business Loan / Merchant Cash Advance: Yes <input type="checkbox"/> No <input type="checkbox"/>	Name of Business Loan / Merchant Cash Advance Provider:
Current Cash Advance / Business Loan Balance:	Are you associated with any other business? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, which one(s)?
Are you current with your Personal, State, & Federal Taxes: Yes <input type="checkbox"/> No <input type="checkbox"/>	Are there any UCC Filings Against the Business Assets: Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there any Liens against the Business or Owner(s): Yes <input type="checkbox"/> No <input type="checkbox"/>	Are there any Judgments against the Business or Owner(s): Yes <input type="checkbox"/> No <input type="checkbox"/>



VI. AUTHORIZATION TO RELEASE INFORMATION:

- 1) I/We have applied for a Working Capital Advance with Global Swift Funding LLC. ("GSF"). As part of the application process, GSF may verify information contained in my/our application and in other documents required in connection with the Program, either before the application is approved or as part of its quality control process.
- 2) I/We authorize you to provide to GSF all information and documentation that they request. Such information includes, but is not limited to business history and income; bank, merchant, and similar account balances; credit history; and copies of income tax returns.
- 3) GSF may deliver this authorization to any party named in the application or affiliated with my/our respective businesses.
- 4) A copy of this authorization may be accepted as an original.
- 5) The information contained within this application is true and correct and I hereby authorize any credit investigation necessary by GSF.
- 6) GSF is hereby authorized to file appropriate UCC financing statements to secure this indebtedness.

Please fax the **signed** Funding Application along with: **Owner(s) Driver's License, a voided check, 3 months complete Credit Card Merchant Statements and 6 months Operating Bank Statements, including a narrative of the business.** Incomplete information **will** delay the funding process. Please fax to **1.619.482.3110**. Global Swift Funding ("GSF") has not committed to provide any funding nor to the terms of any funding. GSF shall not have any obligation to provide any funding unless and until GSF executes an Accounts Purchase Agreement. No verbal agreements or representations by GSF staff shall be binding.

_____ Signature	_____ Title	_____ Print Name	_____ Date
_____ Signature	_____ Title	_____ Print Name	_____ Date

PRIVACY GUARANTEE NO personal or business information will ever be sold or shared with unauthorized third parties.