



**BUSINESS INFORMATION**

Legal Business Name:		DBA (if different)	
Legal Entity: <input type="checkbox"/> Corp <input type="checkbox"/> LLC <input type="checkbox"/> Sole <input type="checkbox"/> 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			
Physical Address:			
Mailing Address:			
Business Phone:		Business Fax:	Mobile:
Email:		Website:	
Tax ID Number or Business Number:		Terminal/POS Make/Model:	
Property Ownership: <input type="checkbox"/> Lease <input type="checkbox"/> Own	Years in Control:	Months in Control:	Products Sold:
Landlord/Mortgage Company Name:		Landlord Contact Name:	
Landlord/Mortgage Company Phone:		Rent/Mortgage Payment: \$	
Has the business or any principal ever filed for Bankruptcy Protection? <input type="checkbox"/> Yes <input type="checkbox"/> No		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	

**COMPANY INFORMATION**

Average Monthly Card Sales: \$	Total Monthly Sales: \$	Annual Gross Sales: \$
Desired Funding Amount: \$	Use of Funds:	
Current Loan/Advance Balance? <input type="checkbox"/> No <input type="checkbox"/> Yes: *Balance: \$	Held With:	

**OWNER PRINCIPAL INFORMATION**

**HOW FAST YOU NEED**

Name:	Title:	% of Ownership	48 Hours? <input type="checkbox"/> 1 Week? <input type="checkbox"/> 1 Month <input type="checkbox"/> 1 Year? <input type="checkbox"/>
Home Address:			
Home Phone:	Cell Phone:		
Email:	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**

**HOW LONG PAY BACK**

Name:	Title:	% of Ownership	90 Days? <input type="checkbox"/> 180 Days? <input type="checkbox"/> 365 Days? <input type="checkbox"/> 545 Days? <input type="checkbox"/>
Home Address:			
Home Phone:	Cell Phone:		
Email:	Date of Birth (MM/DD/YY):		
Social Security or Social Insurance#:	Driver's License#:		
Driver's License State or Province of issuance:			

YOU UNDERSTAND THAT BY SIGNING THE APPLICATION IMMEDIATELY FOLLOWING THIS NOTICE, YOU ARE PROVIDING 'WRITTEN ISTRUCTIONS' TO GARRTECH GROUP LLC UNDER THE FAIR CREDIT REPORTING ACT AUTHORIZING GARRTECH GROUP LLC TO OBTAIN INFORMATION FROM YOUR PERSONAL CREDIT OR OTHER INFORMATIONS FROM TRANSUNION AND LEXISNEXIS. YOU AUTHORIZE GARRTECH GROUP LLC TO OBTAIN SUCH INFORMATIONS TO CONFIRM YOUR IDENTITY TO AVOID FRAUDULENT TRANSACTIONS IN YOUR NAME AND DETERMINE PREQUALIFICATION FOR A COMMERCIAL LOAN. **CONSENT TO TELEPHONE CALLS:** YOU EXPRESSLY CONSENT TO RECEIVING MARKETING AND OTHER CALLS AND MESSAGES, TO LANDLINE, WIRELESS OR SIMILAR DEVICES, INCLUDING AUTO-DIALED AND PRE-RECORDED MESSAGE CALLS, AND SMS MESSAGES (INCLUDING TEXT MESSAGES) FROM RECIPIENTS, AT TELEPHONE NUMBERS THAT YOU HAVE PROVIDED. MESSAGE AND DATA RATES MAY APPLY. YOUR CONSENT TO RECEIVE MARKETING CALLS IS NOT REQUIRED FOR YOUR APPLICATION; IF YOU DO NOT CONSENT DO NOT PROVIDE PHONE NUMBER. **CONSENT TO ELECTRONIC DISCLOSURES:** YOU EXPRESSLY CONSENT TO TRANSACTIONS AND DISCLOSURES WITH RECIPIENTS ONLINE AND ELECTRONICALLY. DISCLOSURE WILL BE PROVIDED TO YOU EITHER ON THE SCREEN, ON RECIPIENTS' WEBSITE OR VIA ELECTRONIC MAIL TO THE EMAIL ADDRESSES YOU PROVIDED. WITHDRAWING CONSENT: YOU MAY **WITHDRAW YOUR CONSENT** FOR TELEPHONE CALLS OR ELECTRONIC DISCLOSURES BY CALLING THE COMPANIES' CUSTOMER SERVICE TEAM AT (800) 880-0349 OR EMAILING [CUSTOMERCARE@GARRTECH-GROUP.COM](mailto:CUSTOMERCARE@GARRTECH-GROUP.COM)

**DOCUMENTS CHECK LIST:** TAX REPORT DRIVERS LICENCES 6 BANK STATEMENTS 6 CREDIT CARDS STATEMENTS PROVE OF OWNERSHIP LANDLORD LEASE CONTRACT COMPANY VOID CHECK MORTGAGE STATEMENTS BALANCE

Owner/Principal Signature:		Owner/Principal Signature:	
Date	Print Name:	Date	Print Name:
Owner/Principal Signature:		Owner/Principal Signature:	
Date	Print Name:	Date	Print Name: