



Premium Finance Associates
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Cleveland, Ohio 44146

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info@premfinassociates.com

BUSINESS INFORMATION

Legal Business Name:		DBA (if different):	
Legal Entity: <input type="checkbox"/> Corp <input type="checkbox"/> LLC <input type="checkbox"/> Sole 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:
E-Mail:		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	

OWNER / PRINCIPAL INFORMATION

Name:	Title:	% of Ownership:
Home Address:		
Home Phone:	Cell Phone:	
E-Mail:		
Date of Birth (MM/DD/YY):	Social Security or Social Insurance#:	
Drivers License #:	Drivers License State or Province of Issuance:	

OWNER / PRINCIPAL INFORMATION

Name:	Title:	% of Ownership:
Home Address:		
Home Phone:	Cell Phone:	
E-Mail Address:		
Date of Birth (MM/DD/YY):	Social Security or Social Insurance#:	
Drivers License #:	Drivers License State or Province of Issuance:	

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"/> Yes: *Balance \$	Held With:	<input type="checkbox"/> No Current Loan/Advance

TRADE REFERENCES

COMPANY (Largest Vendors)	CONTACT NAME	CONTACT PHONE NUMBER

By signing below, the Merchant and its Owners / Principals certify that all information and documents submitted in connection with this Application are true, correct and complete. Additionally, authorize Premium Finance Associates, LLC. or any of its agents, partners, and affiliates to (1) obtain and use non-business consumer credit reports and any other information regarding the Merchant and its Owners and Principals from third parties, to verify any information provided on the Application; and (2) to obtain the 12 most recent monthly reports detailing Merchant's payment card processing activity from its card processor or any agent or other third party utilized by that processor to authorize, clear and/or settle payment card payments.

Owner/
Principal Signature: _____ Co-Owner/
Co-Principal Signature: _____
Print Name: _____ Print Name: _____