

By signing below, the Merchant and its Owners/Principals certify that all information and documents submitted with this application are true, correct, and complete. By signing you are authorizing Phalanx Holdings Inc and any firm, lender, or partner it is affiliated with to obtain and use non-business consumer credit reports and any other information regarding the lessee, borrower, business, or owners/principals from third parties in order to verify all information on the application . Merchant's payment processing data may be needed and you consent that this information may be obtained from Merchant's card processor, any agent, or third party used by that processor to authorize, clear, and settle payment card payments.

Owner/Principal Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Print Name \_\_\_\_\_

Owner/Principal Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Print Name \_\_\_\_\_

Owner/Principal Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Print Name \_\_\_\_\_

Owner/Principal Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Print Name \_\_\_\_\_



**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	
Physical Address:			
Mailing Address:			
Business Phone:		Business Fax:	
Business Mobile:		Website:	
E-Mail:		Terminal/POS Make/Model:	
Tax ID Number or Business Number:		Products Sold:	
Property Ownership: <input type="checkbox"/> Lease <input type="checkbox"/> Own		Years in Control: _____	Months in Control: _____
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:	<input type="checkbox"/> No Current
Current Loan/Advance Balance? <input type="checkbox"/> Yes: *Balance \$	Held With: _____	
Loan/Advance		

**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:	