

ADMINISTRATIVE FORM

The Business DBA Name: _____

Corporation Name: _____

Federal ID #: _____ Corp / LLC / Sole Prop Type of Business _____

Business Address: _____

Business Phone: _____ Fax: _____ Email: _____

Preferred Phone: _____ Cell Phone: _____

Website: _____ Business Start Date: _____

Product/Service Sold: _____ Average Ticket \$: _____

Cash Requested: _____ Do you have a cash advance now: YES / NO With Who: _____ Balance: _____

Amount taken: _____ Total Payback _____ Daily Holdback _____ Date taken: _____

Average Monthly VISA/MC: _____ Average AMEX: _____ Gross Annual Sales: _____

Seasonal Business: YES /NO Peak Sales Month: From _____ To _____

Franchise: YES / NO Term on Lease: _____ Monthly Rent: _____

OWNER INFORMATION (OWNER/OFFICER/PARTNER)

1st Owner Full Name: _____ D.O.B.: _____ S.S. #: _____ % of Ownership: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____ OWN/RENT

Drivers License #: _____ State: _____ Personal Email: _____

2nd Owner Full Name: _____ D.O.B.: _____ S.S. #: _____ % Of Ownership: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____ OWN/RENT

Drivers License #: _____ State: _____ Personal Email: _____

Bank Name: _____ Branch : _____

Address: _____

Landlord _____ Phone: _____ Contact: _____

By signing below I/We certify the information above is true and understand that making false statements might be considered fraud. Applicant named above hereby authorizes FinishLine Capital Inc, it's affiliates, assigns, agents, banks or financial institution to obtain an investigative report submitted by applicant for purpose of obtaining a working capital advance.

Signature: _____ Title: _____ Date: _____

Signature: _____ Title: _____ Date: _____

INFORMATION DISCLOSURE LETTER

I/We grant our irrevocable permission to release our confidential information to FinishLine Capital Inc. and/or its affiliated companies. I/We understand this information is being used for their credit underwriting purpose only.

This specific information is given to: FinishLine Capital Department of Underwriting

Bank Information

Landlord Information

Bank Name: _____ Company Name: _____

Address or Branch: _____ Address: _____

Contact Name: _____ Contact Name: _____

Phone Number: _____ Phone Number: _____

Permission is also granted to contact any business past, present or future, we may deal with including Banks, Landlord, and Insurance companies we currently use or will use in the future.

Signature: _____ Title: _____ Date: _____

Print Name: _____

Business Name: _____

Signature: _____ Title: _____ Date: _____

Print Name: _____

Business Name: _____



FinishLine Capital