



Merchant Pre-Qualification Form

**FOR QUESTIONS, CONTACT US AT 1-888-882-2741 x801
PLEASE FAX BACK TO 1-800-909-7219**

Business Legal Name:		Business DBA Name:			Federal ID #:	
Type of Business Entity (Check One)	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Sole Proprietor
Do you have an existing cash advance balance? <u>Check one</u>		<input type="checkbox"/> YES	<input type="checkbox"/> NO	State of Incorporation:		Use of Proceeds:
Physical Street Address:			City:	State:	Zip Code:	
Billing Street Address (If different than above):			City:	State:	Zip Code:	
Are you paying RENT <input type="checkbox"/> or MORTGAGE <input type="checkbox"/> ?			AMOUNT OF MONTHLY PAYMENT: \$			
Physical Location Phone #:		Preferred Contact Phone #:		Preferred Fax #:		
Industry Type: (SIC Code or Description)		Gross Annual Sales (Previous year's Tax return):		Date you took current ownership of Business: _____		
				Date of original Business owner: _____		

(1) OWNER / OFFICER NAME:

			Primary Contact <input type="checkbox"/>	Job Title:	Ownership: _____ %
Drivers License:	SS#:	E-mail address:	Date of Birth:	Home Phone:	
Street Address:			City:	State:	Zip Code:

(2) OWNER / OFFICER NAME:

			Primary Contact <input type="checkbox"/>	Job Title:	Ownership: _____ %
Drivers License:	SS#:	E-mail address:	Date of Birth:	Home Phone:	
Street Address:			City:	State:	Zip Code:

Advance ("MM4CA") including credit card processor statements are true, accurate and complete, (2) Applicant will immediately notify MM4CA of any change in such information or financial condition, (3) Applicant authorizes MM4CA to disclose all information and documents that MM4CA may obtain including credit reports to other persons or entities that may be involved with or acquire Merchant Cash Advance transactions (collectively, "Assignees"), (4) each Assignee will rely upon the accuracy and completeness of such information and documents, (5) MM4CA, Assignees, and each of their representatives, successors, assigns and designees (collectively, "Recipients") are authorized to request and receive any investigative reports, credit reports, statements from creditors or financial institutions, verification of information, or any other information that a Recipient deems necessary, (6) Applicant waives and releases any claims against Recipients and any information-providers arising from any act or omission relating to the requesting, receiving or release of information, and (7) each Owner/Officer represents that he or she is authorized to sign this form on behalf of Merchant.

(1) Owner / Officer's Name: (Print) _____

(1) Owner / Officer's Signature: X **Date:** _____

(2) Owner / Officer's Name: (Print) _____

(2) Owner / Officer's Signature: X **Date:** _____

IMPORTANT: Sales Information & Questions to be Answered by Sales Rep.

Sales Rep Name:	Sales Rep # :	Current Processor:	Preferred Credit Card Processor:
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Does the merchant have an outstanding balance with another funding company? Circle one YES NO

If yes, with which company? _____ If yes, what is their outstanding balance? \$ _____

Sales Representative agrees that any pre-qualified offers made by or on behalf of AMI are confidential and may not be disclosed to third parties (other than to Applicants' legal or financial advisors or as required by law), except at AMI's express, written direction.

Sales Representative's Signature: _____ **Date:** _____