



Cash Advance Administrative Form

Corporation		DBA (if applicable)		
Address		City	State	Zip
Phone ()	Fax ()	Email		Contact
Type of Business		Federal ID #		Bus. Start Date
Type of Company, Circle one: LLC / C-Corp / S Corp / Partnership / Other		Seats Capacity _____	Is there a Bar? Y / N	Labor (%) Rate
Current Total Monthly Sales \$		Credit Cards \$		Cash \$
Prior Year Total Monthly Sales \$				Checks \$
Owners Name		Home Address		
City/State	Zip Code	Home Phone ()	Cell Phone ()	
Social Security #		Email		
Owners Name (partner)		Home Address		
City/State	Zip Code	Home Phone ()	Cell Phone ()	
Social Security #		Email		
List of Principals & % each owns				

<u>Trade & Bank Reference (ALL FOUR MUST BE COMPLETED)</u>	<u>Phone Number</u>	<u>Contact / Account #</u>
Liquor Supplier/other	()	
Food Supplier/other	()	
Other	()	
Bank Name	()	

Property Info: Own or Lease (If own, submit current mortgage stmt.) Monthly Payments: \$ _____ (Including taxes) Time Remaining on Lease: _____ Renewal Options (If any): _____	Landlord: _____ Phone: () _____
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Do you owe money to any of the following? If so, How much?

Bank \$ _____ Mo. Pmt \$ _____	Rewards Network _____ Mo. Pmt \$ _____	Taxing Authorities \$ _____ Mo. Pmt \$ _____	Past Due Rent \$ _____ Mo. Pmt \$ _____
Advance Funding Source, Who? _____		Amount Due \$ _____	Remit % _____

Have you ever filed for Bankruptcy Protection? Are you contemplating filing Bankruptcy? Reorganization? An Assignment for the benefit of creditor? If so, explain _____

Are there any pending, threatened, or recently filed claims, judgments, tax liens, or UCC-1 against the merchant or guarantor? If yes, please specify _____

Are the workers in a union? If so, what is the expiration of the union or collective bargaining agreement? _____

By providing the above information, the applicant(s) authorize you to whom this application is made or your agents to investigate my/our financial responsibility and creditworthiness, specifically principal or corporate entities, and will provide financial statements, tax returns, etc. as you deem necessary. A photocopy of this authorization will be deemed as acceptable for release of credit information. I/we authorize Leader Capital Group to receive pertinent information regarding the commercial lease for the above referenced location from my leasing company and or agent. I/we authorize you to update my/our credit profile from time to time in the future, as you deem appropriate.

Signature _____ Signature _____ Date _____

Please submit the past six months of credit card statements, Business License and Driver's License.

If you require assistance, please call us at: 440-248-3668 or fax your completed application to 440-248-3669