



Application

BUSINESS INFORMATION			
Merchant's Legal/Corporate Name:		DBA:	
Physical Address:		City, State, Zip:	
Mailing Address (if different):		City, State, Zip:	
Telephone#	Fax#	Federal Tax ID:	
Date Business Started:	Length of Ownership:	Website:	
Type of Entity (circle one) Corporation General Partnership LLC LP Sole Proprietorship LLP S-Corporation Nonprofit Other			Email Address:
Merchant's State of Formation (Legal Domicile):			
Merchant Type: <input type="checkbox"/> Restaurant <input type="checkbox"/> Lodging <input type="checkbox"/> Retail <input type="checkbox"/> Service <input type="checkbox"/> Internet <input type="checkbox"/> Home-based <input type="checkbox"/> Automotive <input type="checkbox"/> Not for profit <input type="checkbox"/> Manufacturing <input type="checkbox"/> Wholesale / Distribution <input type="checkbox"/> RE Holding / Development <input type="checkbox"/> Transportation <input type="checkbox"/> Other _____			
Credit Cards Accepted: <input checked="" type="checkbox"/> Visa <input checked="" type="checkbox"/> MasterCard <input checked="" type="checkbox"/> AMEX <input checked="" type="checkbox"/> Discover			
Annual Total Sales \$		\$Credit Card Sales as % of Total	
Secured Debt Outstanding Y / N		Current Balance \$	Name of Bank or Company
Unsecured Debt Outstanding Y / N		Current Balance \$	Name of Bank or Company
Own or Rent Business Premises:	Monthly Amount \$:	Landlord Name	Landlord Ph#
Funding Amount Requested \$:		Use of Funds: Equipment,	
OFFICER / OWNER INFORMATION			
Corporate Officer / Owner Name:		Title:	Ownership %:
Home Address:		City, State, Zip:	
Social Security#:	Birth Date:	Home#:	Cell#
Own/Rent:	Years There:	Drivers License#	State
Please Complete Additional Application(s) for Additional Owner(s)			
Trade References			
Name:	Address:	Phone	
Name:	Address	Phone	
Name:	Address:	Phone:	
<p>Please provide a no obligation credit card processing expense assessment for my review and consideration</p> <p>Applicant hereby authorizes Alt Cap USA and Business Doctor LLC, its assigns, agents, banks or financial institutions to obtain an investigative or consumer report from a credit bureau or a credit agency and to investigate the business information given on any other statement or data obtained from applicant. Applicant, by signing below, further represents that all the information contained herein is complete and accurate.</p>			
X _____ Applicant(s) Signature		_____ Date	