



MERCHANT APPLICATION

Business Legal Name:		Business DBA:		Website:	
Physical Street Address:			City:	State:	Zip Code:
Billing Address (if different then above):			City:	State:	Zip Code:
Physical Location Phone #:		Preferred Contact Phone #:		Preferred Fax #:	
Type of Business Entity:	Corporation	Limited Liability Company	Partnership	Sole Proprietorship	
For Corporation: Name of President:			Officer Signing Application:		
For LLC: Name of Managing Member(must be Signer of Application):					
For Partnership: Name of General Partner(must be Signer of Application):					
For Sole: Name of Owner(must be Signer of Application):					
Date of Organization:		State of Organization:		Federal ID #:	
Years in Business:	Number of Employees:		Ever filed for Bankruptcy: Yes No When? _____		
Name of Landlord:		Landlord Phone:		Landlord Fax:	
Bank Name:	Phone #:	City:	State:	Zip Code:	
Total Gross Monthly Volume:		V/MC Monthly:	Annual V/MC:		Avg. Ticket:
Owner Name:		Date of Birth:		SSN:	
Home Address:			City:	State:	Zip Code:
Home Phone:	Email Address:			Drivers Lic:	
Existing Cash Advance: Y N		Name of Company:		Outstanding Balance:	
Amount Funded:	Date Funded:		Do You want to pay them off: Y N		

Cash Needs

Total Cash Needed: _____	Date Cash Needed: _____	Current Processor: _____
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Cash will be used for:	Expansion	Rennovations	Equipment	Inventory
Cash Flow	Pay Taxes	Marketing	Other: _____	

I hereby acknowledge that this is an Application for a cash advance, not a loan, and that the transaction contemplated is the sale of a defined amount and percentage of card transaction receivables. I give permission to Continental Cash Advance, LLC ("CCA"), and its agents or designees, including credit reporting agents, to obtain any and all information concerning my Applicant's and my finances, assets, credit history and other matters which they may require in connection with this Application.

I specifically acknowledge and agree that (1) all statements made in this Application are true and are to obtain a cash advance, not a loan; (2) verification of information supplied in connection with this Application may be made at any time by CCA, from any sources, including credit reporting agents; (3) the original copy of the Application will be retained by CCA; (4) CCA will rely on the information supplied in this Application, (5) Applicant and I have a continuing obligation to amend and/or supplement this Application if any of the material facts represented should change prior to the time that the total Amount Purchased under any and all cash advance agreements has been received by CCA; and (5) each Guarantor, upon request by CCA, will supply such financial statements and such other information as CCA deems appropriate, all in form and detail satisfactory to CCA.

This Application is part of a cash advance review process and additional information may be required. I hereby authorize CCA to submit this Application to third parties; who shall make their own decision regarding this Application. I understand and acknowledge that the representative submitting this Application cannot bind or commit CCA to making or funding a cash advance.

Signature of Merchant Authorized Signer: _____ **Date:** _____

Signer's Name (Print): _____ **Signer's Title:** _____

1. This application must be completed in its entirety. It must be signed and dated by an Authorized Signer of the Merchant who is also the Guarantor.

2. Along with this application please fax the Merchant's three most current credit card statements and the most current bank statement. However, if cash sales are materially higher than credit card sales (by at least 25%) then please fax three months of the most current bank statements and the most current credit card statement.

3. How would you like to be contacted about this financing request?
 Business Phone Cell Phone Home Phone E-Mail Business Fax

Transmittal of this Application and all information may be made by facsimile transmission

PLEASE FAX THIS APPLICATION TO:

Office Use Only	
Sales Rep: _____	Sales Rep Email: _____
Rep Company: _____	Company ID#: _____
Sales Rep Phone: _____	Date Submitted: _____