

Business Funding Application

STALLIONGATES CAPITAL *Private Capital Solutions & Investments*

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USA | UAE | KSA | UK

Applicant Information

Field	Information
Full Legal Name	_____
Date of Birth	_____
Social Security Number	_____
Driver's License Number	_____
Home Address	_____
City, State, ZIP	_____
Phone Number	_____
Email Address	_____

Co-Applicant Information (if applicable)

Field	Information
Full Legal Name	_____
Date of Birth	_____
Social Security Number	_____
Phone Number	_____
Email Address	_____

Business Information

Field	Information
Legal Business Name	_____
DBA (if applicable)	_____
Business Address	_____
City, State, ZIP	_____
Business Phone	_____
Business Email	_____
Website	_____
EIN/Tax ID	_____
Date Business Established	_____
State of Incorporation	_____
Entity Type	<input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor
Industry/Business Type	_____
Number of Employees	_____

Ownership Structure

List all owners with 20% or more ownership:

Owner Name	Title	% Ownership	SSN

Funding Request

Field	Information
Amount Requested	\$ _____
Purpose of Funds	_____
Desired Term	_____
Preferred Monthly Payment	\$ _____

Funding Type Requested: Commercial Real Estate Equipment Financing Business Line of Credit Merchant Cash Advance Term Loan Revenue-Based Financing Bridge Loan SBA Loan Other: _____

How will these funds be used?

Financial Information

Field	Amount
Average Monthly Revenue	\$ _____
Annual Gross Revenue (Current Year)	\$ _____
Annual Gross Revenue (Prior Year)	\$ _____
Average Monthly Expenses	\$ _____
Current Outstanding Debt	\$ _____
Monthly Debt Payments	\$ _____

Business Bank Account:

Field	Information
Bank Name	_____
Account Type	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Average Daily Balance	\$ _____

Property Information (for Real Estate Loans)

Field	Information
Property Address	_____
City, State, ZIP	_____
Property Type	<input type="checkbox"/> Multifamily <input type="checkbox"/> Retail <input type="checkbox"/> Office <input type="checkbox"/> Industrial <input type="checkbox"/> Mixed-Use <input type="checkbox"/> Other
Purchase Price / Current Value	\$ _____
Loan Amount Requested	\$ _____
Transaction Type	<input type="checkbox"/> Purchase <input type="checkbox"/> Refinance <input type="checkbox"/> Cash-Out Refinance <input type="checkbox"/> Construction
Expected Closing Date	_____

Credit Information

Field	Information
Estimated Personal Credit Score	_____
Any Bankruptcies in Last 7 Years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any Foreclosures in Last 7 Years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any Outstanding Judgments or Liens?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Current on All Debt Payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes to any above, please explain:

How Did You Hear About Us?

Google Search Referral Social Media Industry Event Other: _____

Referral Name (if applicable): _____

Authorization & Certification

By signing below, I/we certify that:

1. All information provided in this application is true, complete, and accurate to the best of my/our knowledge.
 2. I/we authorize Stalliongates Capital and its lending partners to obtain credit reports and verify all information provided.
 3. I/we understand that providing false or misleading information may result in denial of the application and potential legal action.
 4. I/we authorize Stalliongates Capital to share this application with potential lending partners for the purpose of obtaining financing.
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Applicant Signature: _____ **Date:** _____

Print Name: _____

Co-Applicant Signature: _____ **Date:** _____

Print Name: _____

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