



STALLIONGATES CAPITAL

MERCHANT CASH ADVANCE APPLICATION

Fast Funding Based on Future Credit Card Sales

BUSINESS INFORMATION

Legal Business Name:

DBA (if different):

Business Address:

City, State, ZIP:

Phone: EIN:

Years in Business: Industry/Business Type:

CREDIT CARD PROCESSING INFORMATION

Credit Card Processor:

Monthly CC Sales: Avg. Transaction:

% of Revenue from CC: Daily Deposits:

Processor Contact: Processor Phone:

FUNDING REQUEST

Amount Requested: Urgency: ASAP 1-2 Weeks Flexible

Use of Funds:

Existing MCAs? Yes No If yes, balance owed:

MCA Provider(s):



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Page 2 - Owner Information & Authorization

OWNER / GUARANTOR INFORMATION

Full Legal Name:	<input type="text"/>		
Title/Position:	<input type="text"/>	Ownership %:	<input type="text"/>
SSN:	<input type="text"/>	Date of Birth:	<input type="text"/>
Home Address:	<input type="text"/>		
Email:	<input type="text"/>	Cell Phone:	<input type="text"/>

REQUIRED DOCUMENTS CHECKLIST

- Last 4 months bank statements
- Last 4 months credit card processing statements
- Voided business check
- Driver's license (front & back)
- Business license
- Signed lease agreement (if applicable)

AUTHORIZATION & SIGNATURE

I certify that all information provided in this application is true and complete. I authorize StallionGates Capital and its funding partners to verify all information, obtain credit reports, contact my credit card processor, and share information with potential funders for the purpose of evaluating this funding request.

Signature:	<input type="text"/>	Date:	<input type="text"/>
Print Name:	<input type="text"/>		