

Cash Advance Financing Program

Pre-Qualification Application

800-606-5553

www.springsfinancial.net

Agent #
Agent Name

Directions: Please fill in the spaces provided as completely as possible. If there is more than one location please attach separate forms with additional addresses.

BUSINESS INFORMATION

Legal Business Name:		DBA: (if different)	
Business Phone:		Toll Free Number:	Fax:
Business Physical Address:			
City:		State:	Zip Code:
Email Address:		Web Site Address:	
Business Mailing Address:		City:	State: Zip Code:
Federal Tax Identification #:		State Tax Identification #:	State of Incorporation:
Date Business Established: (mm/yyyy)		Length Of Ownership:	
Legal Entity: Circle one C-Corporation S- Corporation Sole Proprietorship Limited Liability Partnership			
Intended Use of Funds:		Business Classification: Circle one Internet, 50% Retail/50% Service Retail, Restaurant, Services, Manufacturer, Wholesale	
Products Services Sold:		Monthly VISA/MC Volume:	Total Monthly Sales:

BUSINESS OWNER INFORMATION

Owner #1 Name:			Percentage of Ownership:	
Home Address:		Length of Time at Address:	Marital Status: M D S P	
City:	State:	Zip Code:	Driver's License Number:	State:
Social Security Number:		Home Phone Number:	Cell Number:	
Owner #2 Name:			Percentage of Ownership:	
Home Address:		Length of Time at Address:	Marital Status: M D S P	
City:	State:	Zip Code:	Driver's License Number:	State:
Social Security Number:		Home Phone Number:	Cell Number:	

TRADE & BANKING INFORMATION

Bank Name:		Phone Number:		Contact Person:	
Address:		City:	State:	Zip:	
Largest Vendor Name:		Contact Name:			
Phone #:	Fax #:	Account #:		ABA #:	
2 nd Largest Vendor Name:		Contact Name:			
Phone #:	Fax #:	Account #:			
3rd Largest Vendor Name:		Contact Name:			
Phone #:	Fax #:	Account #:			

