

LOAN APPLICATION

Fax Application to 702-552-6094

https://www.expresscapitalbf.com/ T. 702-526-2702 3329 South Eastern Ave. Las Vegas, NV. 89169

Business Name:	Business DBA:	
Address:	Phone #	
Suit/Floor:	Fax#	
City:	Type of Business.	
Zip:	Date Business Started.	
State:		
Website:	MORTGAGE.	
Email:	Payment.	
LEGAL ENTITY.	LANDLORD NAME.	
()CORP ()SOLE PROP ()LLC	Rent/Lease Payment \$	
FED TAX ID or EIN#	Landlord Name.	
Length of Ownership	Landlord Phone #	
BUSINESS REFERENCES	BUSINESS REFERENCES CONTACT	
Company Name.	Name. Phone #	
Company Name. Company Name.	Name. Phone # Phone #	
Company Name.	Name. Phone #	
Company Name. OWNER / PRINCIPAL	Name. Phone # OWNER / PRINCIPAL	
Company Name. OWNER / PRINCIPAL Name.	Name. Phone # OWNER / PRINCIPAL Date of Birth.	
Company Name. OWNER / PRINCIPAL Name. Address.	Name. Phone # OWNER / PRINCIPAL Date of Birth. City.	
Company Name. OWNER / PRINCIPAL Name. Address. State.	Name. Phone # OWNER / PRINCIPAL Date of Birth. City. Zip.	
Company Name. OWNER / PRINCIPAL Name. Address. State. Mobile#.	Name. Phone # OWNER / PRINCIPAL Date of Birth. City. Zip. Drivers License.	
Company Name. OWNER / PRINCIPAL Name. Address. State. Mobile#. Social SN.	Name. Phone # OWNER / PRINCIPAL Date of Birth. City. Zip. Drivers License. % of Ownership.	
Company Name. OWNER / PRINCIPAL Name. Address. State. Mobile#. Social SN. SECOND OWNER INFORMATION	Name. Phone # OWNER / PRINCIPAL Date of Birth. City. Zip. Drivers License. % of Ownership. SECOND OWNER INFORMATION	
Company Name. OWNER / PRINCIPAL Name. Address. State. Mobile#. Social SN. SECOND OWNER INFORMATION Name.	Name. Phone # OWNER / PRINCIPAL Date of Birth. City. Zip. Drivers License. % of Ownership. SECOND OWNER INFORMATION Date of Birth.	



Social SN.	% of Ownership.
FUNDING INFORMATION	FUNDING INFORMATION
Amount Requested \$	Have you used cash advances? Y() N()
Average Visa/MC Monthly Sales \$	Company Name.
Average Gross Monthly revenue \$	Advanced Amount Holdback.
Average Ticket Size.	Original Loan Amount \$
AMEX#	Loan Balance \$
DISCOVER#	Payment \$
Terminal or POS System.	NOTES:
Services Provided/Sold.	
Funding Needed By.	

By signing below, the merchant and its Owner/s, Partner/s Principal/s: Certify all information and documentation submitted in connection with the application are true, correct, and complete. And (2) Authorizes ECBF Express Capital Business Finance, its Owner/principal/partner/s from third parties, to verify any information provided on the application.

Print Name.	Signature.	Date
Print Name.	Signature.	Date

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Documents Required for Working Capital

- 1. Complete Application, Signed and Dated By all owners
- 2. ID for all owners
- 3. 3 Months of Most Recent Business Bank Statements "all pages"

