

Capital City Mortgage Business Loan Application

Business Information

Business Legal Name:	Business DBA Name:
Business Address:	City/State/Zip:
Business Phone:	Company Website:
Business Fax:	Industry Type:
Legal Entity: <input type="checkbox"/> Corp <input type="checkbox"/> Sole Prop <input type="checkbox"/> LLC <input type="checkbox"/> Partnership	Federal Tax ID:
Merchant Type: <input type="checkbox"/> Retail <input type="checkbox"/> Restaurant <input type="checkbox"/> Service <input type="checkbox"/> Other	Business Start Date:
Business Location: <input type="checkbox"/> Store Front <input type="checkbox"/> Office <input type="checkbox"/> Home <input type="checkbox"/> Other	Annual Gross Revenue:
Average Visa/MasterCard Monthly Sales: <i>(If applicable)</i>	Average Gross Monthly Sales:
Average Ticket Size: <i>(If applicable)</i>	Current Credit Card Processor: <i>(If applicable)</i>

Business Reference

Landlord Name:	Current on Rent? <input type="checkbox"/> Yes <input type="checkbox"/>	Phone:	Rent Payment:
<i>No</i>			
Trade Ref Name:	Phone:	Trade Ref Name:	Phone:

Owner Information

Owner 1:	Owner 2:
Address: <i>(No PO BOX)</i>	Address: <i>(No PO BOX)</i>
City/State/Zip:	City/State/Zip:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
% of Ownership:	% of Ownership:
Date of Birth:	Date of Birth:
SSN#:	SSN#:
Email:	Email:
Annual Income:	Annual Income:

Funding Information

Do you currently have a merchant cash advance? <i>(If applicable)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO	Amount Balance :
If 'Yes' list previous cash advance provider:	Amount Funded:
Current Capital Funding Needs:	Use of Capital:

By signing below, the Merchant and its owners/principals: (1) certify that all information and documents submitted in connection with this Application is true, correct and complete; and (2) authorize Pearl Capital, it's agents, partners, and lenders to receive credit reports and any other information regarding the Merchant and its owners and principals from third parties to verify any information provided on the

Application By: _____ Date: _____ By: _____ Date: _____



Capital City Mortgage

Funding Your Dreams

Quick APP Business Loan Checklist

Please submit the following company information

- 3 Months Bank Statements
- Copy of Your LLC/Corporate Documents
 - Copy of your driver's license
 - Voided check for the business