

BUSINESS INFORMATION

Legal/Corporate Name:		DBA:		
Physical Address:		City:	State:	Zip:
Telephone #	Fax #:	Federal Tax ID:		
Date Business Started:	Length of Ownership:	Website:		
Type of Entity: Sole Proprietorship Partnership Corporation LLC Other :			Email Address:	
What does your business do?		Product/Service Sold:		
How many locations does your business have?		How many employees not including the owner(s)?		

MERCHANT/OWNER INFORMATION

Corporate Officer/Owner Name:		Title:	Ownership %:	
Home Address:		City:	State:	Zip:
SSN:	Date of Birth:	Home #:	Cell#:	
Personal cash balances:	Personal retirement balances (401K, IRA, Pension, etc.)?	What is the value of owned stocks, bonds, and other securities?		

PARTNER INFORMATION

Partner Name:		Title:	Ownership %:	Have you ever declared Bankruptcy?
Home Address:		City:	State:	Zip:
SSN:	Date of Birth:	Home #:	Cell #:	

BUSINESS PROPERTY INFORMATION

Business Landlord or Business Mortgage Bank:	Contact Name and/or Account #:	Phone #:
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BUSINESS TRADE REFERENCES

(Please list at least 3 trade suppliers. Please attach any additional references on a separate page.)

Business Name:	Contact, Account # or Fax #:	Phone #:
Business Name:	Contact, Account # or Fax #	Phone #:
Business Name:	Contact, Account # or Fax #:	Phone #:

OTHER INFORMATION

Credit Card Processing Terminal(s)/Software Model:	Number of Terminals:	Avg. Monthly Credit Card Volume	Avg. Monthly Gross Sales Volume
Requested Advance Amount:	Use of Funds:	Payment types you accept: Visa/MasterCard Amex Discover Debit EBT	
Prior/Current Cash Advance Company (if applicable):	Balance:	Underwriter Use Only Split Funds __ ACH __	

Applicant(s) authorizes Ikahn Capital, LLC and its assigns, agents, banks or financial institutions to obtain an investigative or consumer report from a credit bureau or a credit agency and to investigate the references given on any other statement or data obtained from applicant.

Applicant's Signature

Date

2nd Applicant's Signature

Date