



300 TradeCenter Dr | Woburn, MA | 01801 p (888) 223-7925 | f (866) 649-2854

Company Information			
Legal Company Name:		Business DBA Name:	
State of Incorporation:	Legal Entity: <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Prop <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Other	Outstanding Merchant Cash Advance <input type="radio"/> No <input type="radio"/> Yes, the balance is: \$ _____ Name of funder: _____	
Tax ID:			
Physical Address:		Rent or Mortgage (circle one) Monthly Amount \$ _____	
City/State/Zip:		Type of Business/Industry :	
Company Phone:		Previous Year Gross Revenue:	
Business Start Date Under Current Ownership:		Average Bank Balance:	
Do you Accept Credit Cards (circle one) YES NO		Do you own property? (circle one) YES NO	
Last Month:	Two Months Ago:	Residential?	Commercial?
\$ _____ # Tickets _____	\$ _____ # Tickets _____	Amount of Equity: \$ _____	Amount of Equity: \$ _____

Owner Information (1)		Owner Information (2)	
Full Legal Name:		Full Legal Name:	
Home Address (no PO Box):		Home Address (no PO Box):	
City/State/Zip:		City/State/Zip:	
Cell Phone:		Cell Phone:	
% Ownership:		% Ownership:	
Date of Birth:		Date of Birth:	
Social Security #:		Social Security #:	
Email:		Email:	
Annual Income:		Annual Income:	
Ever Filed Bankruptcy? (circle one) YES NO		Ever Filed Bankruptcy? (circle one) YES NO	
Loan Amount Requested:	Proceeds will be used for:		How did you hear about Priority?

The Merchant and Owner(s)/Officer(s) identified above (individually, an "Applicant") each represents, acknowledges and agrees that (1) all information and documents provided to Priority Funding Solutions, Inc. ("PFS") including credit card processor statements are true, accurate and complete, (2) Applicant will immediately notify PFS of any change in such information or financial condition, (3) Applicant authorizes PFS to share and disclose all information and documents that PFS may obtain in connection with this application, including credit reports, to other persons or entities including third party lenders (collectively, "Assignees") and each Assignee is authorized to use such information and documents, and share such information and documents with other Assignees, in connection with potential transactions, (4) PFS and each Assignee will rely upon the accuracy and completeness of such information and documents, (5) PFS, Assignees, and each of their representatives, successors, assigns and designees (collectively, "Recipients") are authorized to request and receive any investigative reports, credit reports, including comprehensive business and personal credit histories or hard credit pulls, statements from creditors or financial institutions, verification of information, or any other information that a Recipient deems necessary, (6) Applicant waives and releases any claims against Recipients and any information-providers arising from any act or omission relating to the requesting, receiving or release of information, and (7) each Owner/Officer represents that he or she is authorized to sign this form on behalf of Applicant. This authorization shall be valid for one hundred twenty (120) days unless revoked in writing by Applicant.

Owner 1 Signature: _____

Date: _____

Owner 2 Signature: _____

Date: _____