



A. Business Information					
Legal Name:					
DBA:					
Address:				Suite/Floor:	
City:		State:		Zip:	
Phone:			Mobil:		
Fax:			Email:		
Website:			Federal Tax ID #		State of Inc _____
Legal Entity: Corp: <input type="checkbox"/> Sole Prop: <input type="checkbox"/> LLC: <input type="checkbox"/> Partnership: <input type="checkbox"/>					
Date Business started:		Length of Ownership:		Years at Location:	# of Locations:
B. Owner(s) / Principal information					
Full name:			Full name:		
Home Address:			Home Address:		
City:	State:	Zip	City:	State:	Zip:
SSN:		% Ownership of Company:		SSN:	
DOB:		Home Phone:		DOB:	
DOB:		Home Phone:		DOB:	
C. Landlord / Bank / References					
Business Location:		Rented <input type="checkbox"/>		Owned <input type="checkbox"/>	
Landlord Name:		Landlord Phone:		Monthly Rent/Mortgage Payment _____	
Bank Name:		Contact:		Phone:	
Trade Reference:		Contact:		Phone:	
Trade Reference:		Contact:		Phone:	
D. Business Profile					
List the total VISA/MasterCard processing volumes from the previous four months:					
Last Month:		Two Months Ago:		Three Months Ago:	
\$: _____	#Tickets _____	\$: _____	#Tickets _____	\$: _____	#Tickets _____
Average Monthly Overall Sales (Checks & Cash)					
Do you have any open Cash Advances?		Yes <input type="checkbox"/> No <input type="checkbox"/>		Have you used a Cash Advance plan before? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Description of Business: Retail <input type="checkbox"/> Restaurant <input type="checkbox"/> Lodging <input type="checkbox"/> Service <input type="checkbox"/> Home Based <input type="checkbox"/> Automotive <input type="checkbox"/> Other <input type="checkbox"/>					
Average Ticket Size:		Terminal Type:		# of Terminals	
Type of Product Sold:			Using the Money For:		
Gross Annual Sales (from previous year tax return):					

By signing below, each of the above listed business and business owner/officer (individually and collectively, "you") authorize Capital Minutes IIc and each of its representatives, successors, assigns and designees ("Recipients") that may be involved with or acquire commercial loans having daily repayment features or purchases of future receivables including Merchant Cash Advance transactions, including without limitation the application therefor (collectively, "Transactions") to obtain consumer or personal, business and investigative reports and other information about you, including credit card processor statements and bank statements, from one or more consumer reporting agencies, such as TransUnion, Experian and Equifax, and from other credit bureaus, banks, creditors and other third parties. You also authorize Capital Minutes IIc to transmit this application form, along with any of the foregoing information obtained in connection with this application, to any or all of the Recipients for the foreign purposes. You also consent to the release by any creditor or financial institution of any information relating to any of you, to OneBox Funding and to each of the Recipients, on its own behalf.

Signature of Owner/Officer #1: _____ Print Name: _____ Date: _____

Signature of Owner/Officer #2: _____ Print Name: _____ Date: _____

Fax application to 813-618-5312 Or Email to submissions@oneboxfunding.com