



SAMARITUS CAPITAL

Business Cash Advance Application

Business Legal Name:	DBA Name:		
Legal Entity: Corporation LLC Sole Proprietorship Partnership	Federal Tax ID:	Business Start Date:	
Business Phone:	Fax:	Business Website:	
Physical Address:	City:	State:	Zip:
Mailing Address:	City:	State:	Zip:

Owner/Principal Information

Name:	Rent/Own Home:	Rent	Own
Home Address:	City:	State:	Zip:
Email:	Mobile:		
Date of Birth:	Social Security #:		

Business Information

Industry Type:	Square Feet of Office:
Renter or Owned:	Rent/Mortgage Amount:
Landlord/Mortgage Company Contact Info:	

Funding & Financial Information

Gross Annual Sales:	How much capital is being requested?
Monthly Credit Card Sales Volume:	Purpose for the loan?
Do you currently have any business loans due? If yes, what is the total outstanding balance?	

Authorization Form

The Merchant and Owner(s)/Officer(s) identified above (individually an "Applicant") each represents, acknowledges and agrees that (1) all information and documents provided on this application to Representative including bank and credit card processing statements are true accurate and complete, (2) Applicant will immediately notify Samaritus Capital Representative of any change in such information or financial condition, (3) Applicant authorizes Representative to disclose all information and documents that Representative may obtain including credit reports to other persons or entities (collectively, "Assignees") that may be involved with or acquire commercial loans or working capital advances featuring the purchase of future receivables including Merchant Cash Advance transactions, including without limitation the application therefor (collectively, "Transactions"), 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) Representative and each Assignee will rely upon the accuracy and completeness of such information and documents, (5) Representative, Assignees, and each of their representatives, successors, assigns and designees (collectively, "Recipients") are authorized to request and receive investigative reports, credit reports, statements from creditors or financial institutions, verification of information, or any other information that a Recipient deems necessary, (6) Applicant waives and releases any claim against Recipients and any information-providers 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 Merchant. A copy of this authorization may be accepted as an original. The term "Representative" shall mean any funding source looking to offer, make available or provide to the Merchant access to loans or merchant cash advances or capital based on such Merchant's future receivables or sales and/or structured with a periodic payment feature.

Owner Signature: _____
Print Name: _____
Date: _____

***Note: Signature is required before application submission.**