



**ADVANCE
AMERICAN
FUNDING**

248-855-1200 Office
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MONEY TO POWER YOUR BUSINESS

ADMINISTRATIVE FORM

The Business-

Sales Rep: _____

DBA Name: _____ Legal Name: _____

Type Of Business: _____ Fed ID#: _____

Bus. Address: _____ City/State/Zip: _____

Billing Address (if different): _____ City/State/Zip: _____

Location Phone: _____ Preferred Phone: _____ Fax: _____

Bus. Email: _____ Website: _____

Years in Business: _____ Previous Year Annual Sales \$: _____

Do You Have a Merchant Cash Advance or ACH Funding?: Yes: _____ No: _____

With Who?: _____ Approximate Balance? \$: _____

Current Credit Card Processor: _____

Owners/Officers-

1st Owner Name: _____ Date of Birth: _____ SS#: _____

Home Address: _____ City/State/Zip: _____

Home Phone: _____ Cell Phone: _____ Own/Rent: _____ Yrs There: _____

Drivers Lic#: _____ State: _____ Personal Email: _____

2nd Owner Name: _____ Date of Birth: _____ SS#: _____

Home Address: _____ City/State/Zip: _____

Home Phone: _____ Cell Phone: _____ Own/Rent: _____ Yrs There: _____

Drivers Lic#: _____ State: _____ Personal Email: _____

Business Location-

Lease or Own: _____ Term on Lease: _____ Monthly Rent: _____

Landlord or Mortgage Co.: _____ Contact: _____ Phone #: _____

Email: _____ Cell #: _____

References-

Bank Name: _____ Branch: _____ Phone: _____ Contact: _____

Personal: _____ Phone: _____ Contact: _____

Trade #1: _____ Phone: _____ Contact: _____

Trade #2: _____ Phone: _____ Contact: _____

Trade #3: _____ Phone: _____ Contact: _____

I hereby represent that all the above information is true and understand that making false statements might be considered fraud. By providing the **above** information, the applicant(s) authorize you to whom this application is made or your agents to investigate my/our financial responsibility and credit worthiness, specifically principal and corporate entities, and will provide financial statements, tax returns, etc. as you deem necessary. A photocopy of this authorization will be deemed as acceptable for release of credit information. I/we authorize AAF and it's affiliates to receive pertinent information regarding the commercial lease for the above referenced location from my leasing company and/or agent. I/we authorize you to update my/our credit profile from time to time in the future, as you deem appropriate.

Signature #1: _____ Signature #2: _____

Date: _____ Date: _____