

Getting Coverage is as easy as 1, 2, 3...



The Application

Prepare 3 Months Complete Bank Statements

Prepare 3 Months
Complete Credit Card
Processing Statements



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## **FACTS:**

- The coverage you need to secure your business
- Access to cash within 48 hours upon request
- NO Cost, Obligation, Commitment or Monthly Premium
- Funds received are NOT reported to any credit bureaus
- No collateral required
- No up-front fees
- You only incur an expense when and if you use it
- Cash Coverage up to \$250,000
- Bill diard, the first and only bill payment service that pays your bills when you can't



Don't Worry, We Got You Covered



## **APPLICATION AND INFORMATION FORM**

Type of E	ntity.	Corpo	ration [	∃Part	nershi		LLC		Proprie	torsh	in $\square$	LLP		nprofit			
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Physical Add					Billing Address:												
City – State –	-				City – State – Zip:												
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Principa	al #1	% of Ow	nership		%	Pri	or addre	ess if le	ess tha	an 2 y	rs:						
Full Na	ame:							Soc	cial Se	curity	#:						
Date of I	Birth:								F	Positio	n:						
Driver's Licen	se #:					Driver's License St.:				St.:							
Home Ph	none:					Cell Phone:				ne:							
Residence Add	ress:				City – State – Zip:				ip:								
Length at Resid	ence	Years:		Mont	:hs:		O	wn/Re	nt:								
Principa	_	% of Ow	nership		%	Pri	or addre										
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Driver's Licen	se #:							Driver	's Lice	nse S	St.:						
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Company:				Cor	ntact:						Pho	ne:					
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Property Information Type of Bldg (select on		one)	☐ Free Stdg ☐ Mall ☐ Home ☐ Other			ne Ba	sed	□Sh	opping	Ctr [	Of	fice					
Own/Lease Own Lease			Monthly Rent/Mortg:				Lea	se Sta	ırt Date								
Landlord/Mor	tg Co.:	-			#mor	nths r	emaining	g on le	ase:				Fax:				
Ac	ddress:	Conta			act:				Ph	one:							
					В		g Inforr										
Bank Nar						Cit	y – State	e – Zip	):								
Account Numb	er:				Cont	act:						Ph	none:				



Credit Card Processing/Terminal Information										
Monthly Visa/MC/Discover Sales Volume:	Previous 3 Month Avg.	Annual Visa/MC/Discover Sales Volume:	\$	Total Check Sales Volume:	\$					
American Express	Existing Account #:									
☐ Yes ☐ No	Ŭ	Terminal Type:		# of Terminals:						
Processing Sales P	rofile (must equal 100%):	Card Swipe:%	Keyed(w/imprint):_	% MO/TO:	% Internet:%					
	Merchant Questionnaire									
Has the business or any Principal ever filed for Bankruptcy Protection? Is the business or any Principal contemplating filing Bankruptcy? Reorganization? An assignment for the benefit of creditors? If so, explain.										
Are there any pendi Principal? If yes, pl	ng, threatened, or rece ease specify.	ntly filed claims, judg	ments, tax liens, c	r UCC-1 against the	business or any					
Is the business curr	ent with rent and/or mo	rtgage payments? If	not, please explai	n your current status	).					
What are the daily hours of operation of the business? What days of the week is the business open?										
Is the Business or any Principal in any form of finance program securitized by its future credit card sales?  If yes, please explain.										
		Signatu								
	ds that this form is used ase future receivables.		d application purpo	oses only and does r	iot create an					
By signing this Application, the Principle hereby authorizes inquiry into the business' financial information, including, but not limited to, credit reports and criminal and civil matters. Without limiting the generality of the proceeding sentence, the Principle hereby authorizes Merchant Rewards Network, LLC and its affiliates to obtain investigative reports from one of more reporting agencies about the Principle. Any individual that signs this Application hereby authorizes inquiry into the individual's personal financial information, including, but not limited to, consumer reports, investigative reports, and criminal and civil matters.										
By signing this Agreement, the Principle hereby authorizes Merchant Rewards Network, LLC and its affiliates to obtain the 12 most recent monthly reports detailing the Principle's credit card processing activity from its card processor or any agent or other third party utilized by that processor to authorize, clear and/or settle credit card payments.										
Signature 1:			Da	ate:						
Signature 2:			Da	ate:						
Th	e above signed hereby	certifies that all of the	e information set f	orth is true and accu	rate.					
Sales Agent:		Sale	s Agent #:							