

Merchant Pre-Qualification Form

Business Legal Name:				Business DBA Name:			
Type of Business Entity (Check One)	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Sole Proprietor	
Does the Merchant have any other businesses with current AdvanceMe contracts? Check one			<input type="checkbox"/> YES	<input type="checkbox"/> NO	State of Incorporation:		Use of Proceeds:
Physical Street Address:				City:		State:	Zip Code:
Billing Street Address (If different than above):				City:		State:	Zip Code:
Physical Location Phone #:		Billing Location Phone #:			Preferred Contact Phone #:		
Industry Type: (SIC Code or Description)			<input type="checkbox"/> Rented <input type="checkbox"/> Mortgaged Amount:		Current Credit Card Processor:		
Gross Annual Sales (Previous year's Tax return):			Date the Business first processed Credit Cards under current Ownership/Business Start Date:			Average Monthly Credit Card Volume:	
List the total VISA/MasterCard processing volumes from previous four months:	Last Month:		Two Months Ago:		Three Months Ago:		Four Months Ago:
	\$	# Tickets:	\$	# Tickets:	\$	# Tickets:	\$ # Tickets:
Owner/Officer				Primary Contact <input type="checkbox"/>		Job Title:	
Last Name:		First Name:		SS#:	Date of Birth:		Home Phone:
Street Address:				City:		State:	Zip Code:

Authorizations

GlobeLend Capital (GLC) offers certain financial products to businesses, and GLC provides certain services to the GLC in connection therewith, including gathering information from applicants and third parties, including credit bureaus, and transmitting such information to the GLC as agent on behalf of the GLC. By signing below, the above listed business ("Merchant") and Owner(s) / Officer(s) (collectively hereafter "Applicants") request that AMI or NLBL as applicable evaluate whether Merchant pre-qualifies for the financial product(s) requested by Merchant, as well as any other financial products offered by either AMI or NLBL for which the Merchant pre-qualifies. Applicants represent that the information contained on this Merchant Pre-Qualification Form and the credit card processor statements provided to GLC and/or any of the GLC are true and correct, and Applicants will immediately notify CAN of any financial change in Applicants. Applicants hereby authorize GLC as agent on behalf of each of the GLC (1) to obtain on any of the Applicants any investigative reports, credit reports (business and personal), statements from creditors or financial institutions, verification of information provided by any of the Applicants, or any other information (collectively "Applicant Information") that the GLC, or either of them, deem necessary or desirable in connection with the evaluations and (2) to transmit this Merchant Pre-Qualification Form, the credit card processor statements and Applicant Information to one or both of the GLC. Applicants also here authorize each of the GLC, acting on its own behalf, to take any one or more of the actions described in part (1) of the immediately preceding sentence. Applicants hereby authorize the release by any creditor or financial institution to GLC, as agent on behalf of the GLC, and to each of the GLC on its own behalf of any information relating to any of the Applicants. Applicants waive and release any claims against GLC, either of the GLC or any creditor, credit bureau or financial institution arising from any act or omission relating to the obtaining or release of information sought by GlobeLend Capital.

Applicants agree that any pre-qualified terms communicated by or on behalf of GLC and one or more of the GLC are confidential and may not be disclosed to third parties (other than to Applicants' legal or financial advisors or as required by law), except at GLC's, written direction as agent on behalf of one or more of the GlobeLend Capital.

Owner / Officer's Name: (Print) _____

Owner / Officer's Signature: X _____ **Date:** _____

Sales Information (To be completed by Sales Representative)

Sales Rep #:	Sales Rep Name :	Sales Rep Contact #:
Additional Contact #:	E-Mail Address :	

Requested working capital amount: \$ _____ Merchant email address: _____

Note: