

UNIVERSAL MERCHANT CREDIT APPLICATION



CAPITAL SOLUTION GROUP

info@csgfunding.com (877) 813-7506

Merchant Information *(Please Complete All Information Below Accurately)*

Legal Name:	DBA Name:	Type of Business:
Corporate Legal Address:		
City:	State:	Number of W-2 Employees:
Zip:	Phone:	Web Address:

Legal Form of Entity & Authorized Signer:

Legal Entity Type:	Name of Officer Signing Application:	
Date of Organization:	State of Organization:	Federal Tax ID #:
How Long Have You Owned the Establishment? _____ Years _____ Months		
Name of Landlord:	Landlord Phone:	
Total Annual Sales:	Total Cash Needed: \$	

Information on Principal Owner/Loan Guarantor *(Required)*

Name of Principal Owner/Guarantor:		
Date of Birth:	Social Security Number:	
Driver's License #:	State:	Email Address:
Home Address:		
City:	State:	Zip:
Are you a US Citizen? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If not, are you a Permanent Resident? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Home Phone:	Cell Phone:	
Do You Own or Rent? <input type="checkbox"/> Own <input checked="" type="checkbox"/> Rent		

The Company and the undersigned principal owner of the Company identified above ("Applicant") represents, acknowledges, and agrees that (1) all information and documents provided to CSG ("Provider") are true, accurate, and complete, (2) Applicant will immediately notify Provider of any change in Applicant's financial condition, (3) Provider is authorized to submit this Application and all supporting documents provided by Applicant to its' affiliates, representatives, successors, assigns, designees, agents, partners, and third-party financial institutions for the purpose of considering commercial financing offers to Applicant (collectively "Recipients"), (4) such Recipients are authorized to request and receive any investigative reports, consumer credit reports, statements from creditors or financial institutions, verifications of information, or any other information that Recipients deem necessary in considering this Application, (5) the undersigned represents that they are authorized to sign this form on behalf of the Company, and (6) THE COMPANY AND PRINCIPAL CONSENT TO RECEIVE CALLS, TEXTS, AND EMAILS FROM PROVIDER AND RECIPIENTS BASED UPON THE CONTACT INFORMATION OF APPLICANT PROVIDED IN THIS APPLICATION.

Signature by Merchant Authorized Signer & Loan Guarantor

X _____	Date: _____
Merchant Authorized Signer's Title: _____	