

BUSINESS INFORMATION				
Legal/Corporate Name:		DBA:		
Physical Address:		City:	State:	Zip:
Telephone #	Fax #:	Federal Tax ID:		
Date Business Started:	Length of Ownership:	Website:		
Type of Entity (circle one): Sole Proprietorship Partnership Corporation LLC Other			Email Address:	
Type of Business (circle all that apply): Retail MO/TO Wholesale Restaurant Supermarket Other			Product/Service Sold:	
MERCHANT/OWNER INFORMATION				
Corporate Officer/Owner Name:		Title:	Ownership %:	
Home Address:		City:	State:	Zip:
SSN:	Date of Birth:	Home #:	Cell#:	
PARTNER INFORMATION				
Partner Name:		Title:	Ownership %:	
Home Address:		City:	State:	Zip:
SSN:	Date of Birth:	Home #:	Cell #:	
BUSINESS PROPERTY INFORMATION				
Business Landlord or Business Mortgage Bank:		Contact Name and/or Account #:	Phone #:	
BUSINESS TRADE REFERENCES				
(Please list at least 3 trade suppliers. Please attach any additional references on a separate page.)				
Business Name:	Contact, Account # or Fax #:		Phone #:	
Business Name:	Contact, Account # or Fax #:		Phone #:	
Business Name:	Contact, Account # or Fax #:		Phone #:	
OTHER INFORMATION				
Credit Card Processing Terminal(s)/Software Model:	Number of Terminals:	Avg. Monthly Credit Card Volume	Avg. Monthly Gross Sales Volume	
Requested Advance Amount:		Do you Accept: Visa/MasterCard Amex Discover Debit EBT Please circle all that apply.		
Prior/Current Cash Advance Company (if applicable):		Balance:	Underwriter Use Only Split Funds_ACH _	
<p>By signing above, each of the above listed business and business owner/officer (individually and collectively, "you") authorize Verite Driversity Business Fund LLC and each of its representatives, successors, assigns and designees ("Recipients") that may be involved with or acquire commercial loans having daily repayment features or purchases of future receivables including Merchant Cash Advance transactions, including without limitation the application therefor (collectively, "Transactions") to obtain consumer and/or personal, business and investigative reports and other information about you, including credit card processor statements and bank statements, from one or more consumer reporting agencies, such as TransUnion, Experian and Equifax, and from other credit bureaus, banks, creditors and other third parties. You also authorize Verite Driversity Business Fund LLC to transmit this application form, with any of the foregoing information obtained in connection with this application, to any or all of the Recipients for the foregoing purposes. You also consent to the release, by any creditor or financial institution, of any information relating to any of you, to Verite Driversity Business Fund LLC and to each of the Recipients, on its own behalf. I am providing my business cell phone and business e-mail address and hereby consent to the receipt of correspondence/messages regarding transactions with LRM Capital Holdings LLC and/or its affiliates on either medium. I also hereby consent to the receipt of text messages knowing that msg. and data rates may apply. I understand that consent to receive texts is not a condition of approval. I can expect approx. 10 msgs./month. I/we certify that all the information contained herein is complete, true and accurate.</p>				
 _____ Applicant's Signature		_____ Date		
 _____ 2 nd Applicant's Signature		_____ Date		

-Signed application
-Last three (4) months of business banking statements.
-Last three (4) months of merchant processing statements.

Verite Driversity Business Fund LLC 2020
(888) 508-0108 (Toll Free)
(888) 221-0911 (Fax)