



Business Credit Funding Application

**I. APPLICANT INFORMATION**

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First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Primary Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Years at Current Address: \_\_\_\_\_ (primary address) Monthly Housing Expense: \$ \_\_\_\_\_  Rent  Mortgage  
 Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
 Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ [mm/dd/yyyy] Social Security No. -----  
 Spouse Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (if applicable)  
 Have you ever filed for bankruptcy?  yes  no If yes, please provide bank's names: \_\_\_\_\_  
 Are you currently an Authorized User on any of the lines reporting on your credit report?  yes  no If yes, please specify: \_\_\_\_\_  
 Are you a US Citizen?  yes  no Are you or a family member an active/retired US Military?  yes  no

Soft Credit Pull: [Credit Check Total Login \(www.creditchecktotal.com\)](http://www.creditchecktotal.com) \$1 will begin your trial membership in CreditCheck® Total. If you do not cancel your membership within the 7-day trial period\*, you will be billed \$29.95 for each month that you continue your membership. You may cancel your trial membership anytime within the trial period without charge. NOTE: Sizl Pay App, Inc. will require that you keep an active CreditCheck® Total through the duration of our process.

User Name: \_\_\_\_\_ Password: \_\_\_\_\_ (case sensitive)

**II. BANKING INFORMATION**

Personal Bank: \_\_\_\_\_ Average Balance: Checking: \$ \_\_\_\_\_ Savings \$ \_\_\_\_\_  
 Business Bank: \_\_\_\_\_ Average Checking Balance: \$ \_\_\_\_\_ Years Open: \_\_\_\_\_  
 Investment Accounts:  Stocks  Bonds  IRA  401K  Investment Properties / Total Amount \$ \_\_\_\_\_

**III. BUSINESS INFORMATION**

Legal Entity Name: \_\_\_\_\_ DBA \_\_\_\_\_  
 Type of Industry: \_\_\_\_\_ Entity Form:  LLC  Corp.  S-Corp.  Sole Prop.  
 Professional Title:  President  VP  Treasurer  COO  CEO  CFO  GM  
 Projected Income/Sales:  50K-100K  101K-150K  151K-200K  201K-500K  501K-1M  1M+  
 Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Business Phone: \_\_\_\_\_ (land line) Fax: \_\_\_\_\_  
 EIN #: \_\_\_\_\_ Date Filed: \_\_\_\_/\_\_\_\_ [mm/yyyy] Years in Profession: \_\_\_\_\_ Number of Employees: \_\_\_\_\_  
 Other Employment: \_\_\_\_\_ Position: \_\_\_\_\_ Years with Employer: \_\_\_\_\_  
 Requested Funding Amount: \$ \_\_\_\_\_ Total Average Monthly Income: \$ \_\_\_\_\_  
 Please briefly explain how you plan on using your funding for your business: \_\_\_\_\_

By signing below, each of the above listed business and business owner/officer (individually and collectively, "you") authorize Sizl App dba Sizl Pay App, Inc. 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 therefore (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 Sizl App dba Sizl Pay App, Inc. to transmit this application form, with any of the foregoing information obtained in connection with this application, to any or all 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 Sizl App dba Sizl Pay App, Inc. 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 Sizl App dba Sizl Pay App, Inc. 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 hereby certify that the information contained herein is complete and accurate. By submitting my credit report and signing this form I am giving consent to utilize my personal information for the purpose of a business funding pre-approval letter. All fields must be complete in its entirety in order for a pre-approval to be issued. Empty fields must reference "not applicable" or "n/a".

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_