

MERCHANT APPLICATION



www.FoxiiFunding.com

Tel: 888-848-9893

Fax: 888-848-9893 (Phone & Fax same number)

info@foxiifunding.com

Funding Application

Please fill in the spaces below and mail or fax us the application. By doing so, you are giving **Foxii Funding** as well as its agents and affiliates, permission to review your business and personal credit history in order to provide you with formal approval.

Business Legal Name ("Merchant"):	Business DBA Name:
Address:	City, State Zip:
Phone:	Fax:
Website:	Email:
Legal Entity: <input type="checkbox"/> Corp <input type="checkbox"/> Sole Prop <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Other	Federal Tax ID #:
Merchant Type: <input type="checkbox"/> Retail <input type="checkbox"/> Restaurant <input type="checkbox"/> Service <input type="checkbox"/> Internet	Business Start Date:
Business Location: <input type="checkbox"/> Store Front <input type="checkbox"/> Office <input type="checkbox"/> Home <input type="checkbox"/> Other	Products/Services Sold:

Financial Information

Amount Requested: \$	Reason:
Existing Cash Advance? Yes / No Balance? \$	Company:
Average Gross Monthly Sales: \$	Average Monthly Deposits: \$
Average Monthly Visa/MasterCard Sales: \$	Average Monthly AMEX Sales: \$
Processing Company :	Number of Terminals:

Owner/Principal Information

Name:	Name:
Address:	Address:
City, State Zip:	City, State Zip:
Home Phone:	Home Phone:
Mobile:	Mobile:
Email:	Email:
% of Ownership:	% of Ownership:
Date of Birth:	Date of Birth:
SSN#:	SSN#:

Property Information

Own/Lease?	Lease Start Date:	Lease End Date:	Monthly Rent/Mtg: \$
Landlord/Mortgage Company:		Landlord/Mortgage Company Contact:	
Phone:		Email:	
Fax:		Type of Building:	

Business/Trade References

Company:	Contact:	Phone:
Company:	Contact:	Phone:
Company:	Contact:	Phone:

The Merchant and Owner(s)/Officer(s) identified above (individually, an "Applicant") each represents, acknowledges and agrees that (1) all information and documents provided to Representative including credit card processor statements are true, accurate and complete, (2) Applicant will immediately notify Representative of any change in such information or financial condition, (3) Applicant authorizes Representative to disclose all information and documents that Representative may obtain including credit reports to other persons or entities (collectively, "Assignees") 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"), and each Assignee is authorized to use such information and documents, and share such information and documents with other Assignees, in connection with potential Transactions, (4) Representative and each Assignee will rely upon the accuracy and completeness of such information and documents, (5) Representative, Assignees, and each of their representatives, successors, assigns and designees (collectively, "Recipients") are authorized to request and receive any investigative reports, credit reports, statements from creditors or financial institutions, verification of information, or any other information that a Recipient deems necessary, (6) Applicant waives and releases any claims against Recipients and any information-providers arising from any act or omission relating to the requesting, receiving or release of information, and (7) each Owner/Officer represents that he or she is authorized to sign this form on behalf of Merchant. A copy of this authorization may be accepted as an original. The term "Representative" shall mean any funding source looking to offer, make available, or provide to the Merchant access to loans or merchant cash advances based on such Merchant's future receivables or sales and/or structured with a periodic repayment feature.

By: _____
 Print: _____
 Date: _____

By: _____
 Print: _____
 Date: _____

888-848-9893 (Fax)