



Appl # _____

Receivables Purchase Application

Amount Requested _____ Purpose _____

Legal Business Name _____ DBA _____

Ownership Structure: ☐ Corporate ☐ LLC ☐ Partnership ☐ Sole Proprietor Federal Tax ID: _____

Business Physical Address _____ City _____ State _____ Zip Code _____

Mailing Address (If Different) _____ City _____ State _____ Zip Code _____

Business Phone _____ Business Fax _____

Website _____ Email Address _____

Business Profile Products or Services Sold _____ Business Start Date _____

Existing Cash Advance Co. _____ Current Balance _____ Seasonal Business ☐ Y ☐ N

Credit Card History – Please Supply Complete Statements

Current Processor _____ Merchant Account Number _____

List the total Visa, MasterCard and Discover Sales:

Last Month Volume / Batches	Two Months Ago Volume / Batches	Three Months Ago Volume / Batches	Four Months Ago Volume / Batches
_____/____	_____/____	_____/____	_____/____

Method of Sales: Swiped % _____, Card Present Keyed % _____, Card Not Present Keyed % _____; Mail/Phone Order: ☐ Y ☐ N; Internet: ☐ Y ☐ N

Banking Information – Please Supply Complete Statements

Bank Name _____ Contact Name _____ Phone Number _____

Bank Account Number _____ Bank Routing Number _____

Property Information

Own _____ Lease _____ Monthly Rent _____ Lease Expiration Date _____ Square Footage _____

Landlord Name _____ Landlord Phone Number _____

Ownership Information

(1) Principal Name _____ Social Security Number _____

Residence Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Mobile Phone _____ Date of Birth _____

Percentage of Business Owned _____ Driver's License No. _____

(2) Principal Name _____ Social Security Number _____

Residence Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Mobile Phone _____ Date of Birth _____

Percentage of Business Owned _____ Driver's License No. _____

Trade References

Business Name _____ Contact Name _____ Phone Number _____

Business Name _____ Contact Name _____ Phone Number _____

Franchiser Name _____ Contact Name _____ Phone Number _____

Receivables Purchase Application

CFM Authorizations / Terms and Conditions

By signing the Receivables Purchase Application the merchant(s) is duly authorized to sign on behalf of the business and bind the merchant(s) to the terms and conditions set forth in the Receivables Purchase Application and the Receivables Purchase Agreement. Capital for Merchants LLC (CFM) will require all owners of the business to sign the application and any other documents that will be required to complete the Receivables Purchase transaction. The merchant(s) certifies that all the information provided on the Application is true, correct and complete. By signing the application the merchant(s) authorizes CFM to make whatever inquiries it deems appropriate to investigate, verify or research statements or data obtained from the merchant(s) for the purpose of this Receivables Purchase Application. The merchant(s) will immediately notify CFM of any change in such information or financial condition. The merchant(s) authorizes CFM to disclose all information and documents that CFM may obtain including credit reports to other persons or entities that may be involved with or acquire an interest in the purchase of future receivables as contemplated in the Receivables Purchase Agreement.

Merchant Signature _____ Title _____ Date _____

Merchant Signature _____ Title _____ Date _____

VMS Representative _____ VMS Rep ID _____

Fax to 866-466-0403 Along With The Last
Six Month's Processing Statements

-or-

Four Month's Business Checking Account
Statements if ACH Advance