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## Working Capital Application

### BUSINESS INFORMATION

Legal Name \_\_\_\_\_  
 DBA \_\_\_\_\_  
 Federal Tax ID \_\_\_\_\_  
 Business Start Date \_\_\_\_\_  
 Industry \_\_\_\_\_  
 State of Incorporation \_\_\_\_\_

Phone \_\_\_\_\_  
 Fax \_\_\_\_\_  
 Email \_\_\_\_\_  
 Website \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Annual Business Revenue \$ \_\_\_\_\_  
 Avg. Monthly Credit Card Sales \$ \_\_\_\_\_  
 Avg. Daily Bank Balance \$ \_\_\_\_\_  
 Amount Requested \$ \_\_\_\_\_  
 Use of Proceeds \_\_\_\_\_

**Property Type**                      **Rent / Mortgage**  
 Lease      Own                      Current      Not Current  
 Monthly Rent / Mortgage Payment \$ \_\_\_\_\_  
 Landlord Name \_\_\_\_\_  
 Landlord Phone \_\_\_\_\_

Seasonal Business              Yes              No  
 Liens / Judgments              Yes              No  
 Bankruptcy                      Yes              No  
 Est. FICO      450-550 | 550-600 | 600-650 | 650-700 | 700-850

**Any Outstanding Loans?**  
 No  
 Yes  
 Balance \$ \_\_\_\_\_

**Legal Entity Type**  
 LLC  
 Partnership  
 Corporation  
 Sole Proprietor

### PRIMARY OWNER

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_  
 % Ownership \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 Email \_\_\_\_\_

### SECONDARY OWNER

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_  
 % Ownership \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 Email \_\_\_\_\_

By signing below, each of the above listed business and business owners/officers/members (individually and collectively, "you") authorize Mission Capital LLC ("MC") to submit this application and other information obtained in connection with this application to its representatives, successors, assignees, affiliates, designees and partners (collectively "Recipients") that may be involved with or provide commercial loans or purchases of future receivables for the purpose of considering your eligibility for credit or other payment arrangements, including Merchant Cash Advance transactions or other products that have daily repayment features. You further authorize Recipients to: (1) obtain consumer credit reports and related information about you from one or more consumer credit reporting agencies and other third party data providers; (2) obtain commercial credit reports and related information about your business from credit reporting agencies and third party data providers; (3) make any inquiries it decides are necessary to verify the accuracy of the information contained in the application; and (4) use credit reports and other information provided by you (or on your behalf) to make credit decisions. You hereby release Recipients, its agents and employees from any liability in connection with obtaining credit reports and other information as described herein. MC agrees that it shall not disclose information in your credit report to third parties. You also consent to the release, by any credit or financial institution, of any information relating to you, to MC and to each of the Recipients, on its own behalf.

**Owner 1 Signature:** \_\_\_\_\_  
**Owner 2 Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

Please Return Via Email to Support@sbgfunding.com or Fax to (917) 464-7545