



## Application

Please fill in the spaces below and submit application. By doing so, you are giving Accord Business Funding, LLC ("Accord"), as well as its agents, affiliates and Assignees, permission to review your business and personal credit history in order to provide you with formal funding approval.

Business Information			
Legal Business Name:		DBA Name:	
Physical Address:		City:	State: Zip:
Billing Address (if different from above):		City:	State: Zip:
Business Phone:	Fax:	Website:	
Federal Tax ID:	Annual Gross Sales:	Desired Funding Amount:	
Type of Business Entity: (check one)	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> LP <input type="checkbox"/> Sole Proprietor
Landlord Name:	Landlord Phone:	Time Remaining on Lease:	
Business Start Date:	# of Locations:	Use of Cash Advance:	
Existing Cash Advance:	If Yes, With Who:	Outstanding Balance:	
Is Business for Sale:	Seasonal Business:	Industry Type:	
Length of Ownership		State of Incorporation:	
Owner/Officer Information			
Last Name:		First Name: SS#:	
DOB:	DL#:	U.S. Citizen or Permanent Resident:	
% of Ownership:	Title:	Email Address:	
Home Address:	City:	State	Zip
Home Phone:	Cell Phone:	How Long at Home Address:	
Additional Owner/Officer Information if Applicable			
Last Name:		First Name: SS#:	
DOB:	DL#:	U.S. Citizen or Permanent Resident:	
% of Ownership:	Title:	Email Address:	
Home Address:	City:	State	Zip
Home Phone:	Cell Phone:	How Long at Home Address:	
Trade References			
Trade Reference:	Contact:	Phone:	
Trade Reference:	Contact:	Phone:	
Trade Reference:	Contact:	Phone:	
By Signing below, the Merchant and its Owners/Officers: (1) certify that all information and documentation submitted in connection with this Application are true, correct and complete, (2) Applicant authorizes Accord to disclose all information and documents that Accord 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 therefor (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, (3) 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, (4) 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.			
Owner/Officer Name: (Print)		Date:	
Owner/Officer Signature:		Date:	
Owner/Officer Name: (Print)		Date:	
Owner/Officer Signature:		Date:	

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