

FUNDING APPLICATION



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

Business Legal Name:			Business DBA Name:		
Address:			Suite/Floor:		
City:			State:		
Zip:			Phone:		
Mobile:			Fax:		
Website:			Email:		
Legal Entity: Corp LLC Sole Prop. Partnership			Have you used cash advance before?		
Federal Tax ID# (EIN):		State of Incorporation:		Company	
Date Business Started:			Original Balance:		Current Balance:
Length of Ownership:			Amount Requested?		
Type of Business/Products sold:					
Owner/Principal			Owner 2		
Name:			Name:		
Address:			Address:		
City, State, Zip:			City, State, Zip:		
Phone:			Phone:		
Email:			Email:		
% of Ownership:			% of Ownership:		
Date of Birth:			Date of Birth:		
SSN#:			SSN#:		

By signing below, each of the above listed business and business owner/officer (individually and collectively, "you") authorize Stellar Payment Systems, LLC. 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 therefor (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 Stellar Payment Systems, LLC to transmit this application form, with any of the foregoing information obtained in connection with this application, to any or all of 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 Stellar Payment Systems, LLC and to each of the Recipients, on its own behalf. I/we certify that all the information contained herein is complete, true and accurate.

By: _____ Date: _____

By: _____ Date: _____

Special Notes: