



Clarendon Funding Solutions

Application

Loan MC Either

Business Information

Legal Business Name (Business Applicant)		DBA Name	
Street Address		Business Phone	Business Fax
City		Email Address	
State	Zip	Business Open Date (Mth/Yr)	
Time Remaining on Lease/Mort.		Landlord / Agent Name	
No. of Locations	Type of Business	Landlord / Agent Phone	

Financial Information

Federal Tax ID Number (9 Digits)	Have you ever filed for bankruptcy?	Current Processor
Intended Use of Funds	Time with Current Processor	Number of Terminals at Location / Terminal Type
Requested Advance of Funds	Estimated Total Monthly Sales	Merchant Account Number
Is your business for sale?	Avg. Monthly Volume Credit Cards	Do you have federal or state tax liens?
Is it under a payment plan?	If yes, how long have you been in a payment plan? What is the balance on your tax lien?	

Principal Owner Information #1

Principal Owner Information #2

Principal Owner Name	Social Security Number	Principal Owner Name	Social Security Number
Home Address	Date of Birth (00/00/0000)	Home Street Address	Date of Birth (00/00/0000)
City	% Ownership?	City	% Ownership?
State	Zip	State	Zip
Cell Phone		Cell Phone	

The Business Applicant and each Principal, person or entity signing this Application or an Application Addendum Form ("Signer") certifies that all information provided by the Business Applicant and the Principal is true and complete and authorizes Clarendon Funding Solutions, LLC and their affiliates to: 1) obtain credit and employment information about the Business Applicant and Principal; 2) obtain credit reports and make any inquiries Clarendon Funding considers appropriate in connection with this Application or reviews of the Applicant's account from time to time; 3) make Clarendon Funding's experience with the Applicant's account and information about this Application available to credit bureaus or the Principal owners, and 4) disclose account information as required by law. Each signer acknowledges that additional information may be required in order to render a decision on this application.

EACH SIGNER ACKNOWLEDGES THAT RAPIDADVANCE MAY RELY ON THE STATEMENTS AND INFORMATION SET FORTH IN THIS APPLICATION AND THAT SUCH STATEMENTS AND INFORMATION MAY BE INCORPORATED BY REFERENCE IN ANY AGREEMENT ANY OF THE UNDERSIGNED MAY ENTER INTO WITH CLARENDON FUNDING. EACH OF THE UNDERSIGNED HEREBY AGREES TO NOTIFY CLARENDON FUNDING PROMPTLY OF ANY CHANGE IN ANY SUCH STATEMENT OR INFORMATION. EACH SIGNER HAS READ AND UNDERSTANDS THE TERMS OF THIS APPLICATION, INCLUDING ANY ADDENDUM, AND REPRESENTS AND WARRANTS THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT.

If applying for a loan, please note that the federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act.

By: _____ Title: _____ Print Name: _____ Date: _____
(signature)

Owner #1: _____ Print Name: _____ Date: _____
(signature)

Owner #2: _____ Print Name: _____ Date: _____
(signature)

FOR PARTNER USE ONLY - FOR PARTNER USE ONLY - FOR PARTNER USE ONLY - FOR PARTNER USE ONLY

Merchant ID	Partner Name	Partner Sales Person Name	Contact Number
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