



LOAN APPLICATION

Business Name:	Business DBA:
Address:	Phone #
Suit/Floor:	Fax#
City:	Type of Business.
Zip:	Date Business Started.
State:	
Website:	MORTGAGE.
Email:	Payment.
LEGAL ENTITY.	LANDLORD NAME.
()CORP ()SOLE PROP ()LLC	Rent/Lease Payment \$
FED TAX ID or EIN#	Landlord Name.
Length of Ownership	Landlord Phone #
BUSINESS REFERENCES	BUSINESS REFERENCES CONTACT
Company Name.	Name. Phone #
Company Name.	Name. Phone #
OWNER / PRINCIPAL	OWNER / PRINCIPAL
Name.	Date of Birth.
Address.	City.
State.	Zip.
Mobile#.	Drivers License.
Social SN.	% of Ownership.
SECOND OWNER INFORMATION	SECOND OWNER INFORMATION
Name.	Date of Birth.
Address.	City.
State.	Zip.



Mobile#.	Drivers License.
Social SN.	% of Ownership.
FUNDING INFORMATION	FUNDING INFORMATION
Amount Requested \$	Have you used cash advances? Y() N()
Average Visa/MC Monthly Sales \$	Company Name.
Average Gross Monthly revenue \$	Advanced Amount Holdback.
Average Ticket Size.	Original Loan Amount \$
AMEX#	Loan Balance \$
DISCOVER#	Payment \$
Terminal or POS System.	NOTES:
Services Provided/Sold.	
Funding Needed By.	

By signing below, the merchant and its Owner/s, Partner/s Principal/s: Certify all information and documentation submitted in connection with the application are true, correct, and complete. And (2) Authorizes ECBF Express Capital Business Finance, its Owner/principal/partner/s from third parties, to verify any information provided on the application.

Print Name.	Signature.	Date
Print Name.	Signature.	Date

Fax Application to 702-552-6094

Documents Required for Working Capital

1. Complete Application, Signed and Dated By all owners
2. ID for all owners
3. 3 Months of Most Recent Business Bank Statements "all pages"