



THE W.A.D. GROUP LLC

Working Capital Application

BUSINESS INFORMATION		
Please fill in the spaces below and fax back to 347-281-4578. By doing so, you are giving The W.A.D. Group, 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 "Merchant"		Doing Business As (DBA)
Legal Entity: <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Sole Prop <input type="checkbox"/> Other: _____		
Physical Address:		
Mailing Address:		
Business Phone:		Business Fax:
Mobile:		Email:
Website:		Type of Bus / Products Sold:
Federal Tax ID#:		Business Start Date:
Property Ownership: <input type="checkbox"/> Own <input type="checkbox"/> Lease		Landlord / Mortgage Co:
Rent / Mortgage Pymt: \$		Mortgage Co. Phone:
Landlord Contact Name:		Landlord Phone:
OWNER / PRINCIPAL INFORMATION		
Name:		% of Ownership:
Home Address:		
Home Phone:		Home Fax:
Email:		Mobile:
Date of Birth:		SSN:
Drivers License #:		Drivers License State:
OWNER / PRINCIPAL INFORMATION		
Name:		% of Ownership:
Home Address:		
Home Phone:		Home Fax:
Email:		Mobile:
Date of Birth:		SSN:
Drivers License #:		Drivers License State:
FUNDING INFORMATION		
Desired Advance Amount: \$		Purpose:
Current Advance: <input type="checkbox"/> *Yes <input type="checkbox"/> *Balance \$ _____ Held with: <input type="checkbox"/> _____ No Advance _____		
TRADE REFERENCES		
COMPANY	CONTACT NAME	CONTACT PHONE NUMBER
By signing below, the Merchant and it's owners / principals: (1) certify that all information and documents submitted in connection with this application is true, correct and complete; and (2) authorize The W.A.D. Group, LLC, its agents, partners, and lenders to receive credit reports and any other information regarding the Merchant and its owners and principals from third parties, to verify any information provided on the Application. By signing this agreement, the Merchant hereby authorizes The W.A.D. Group, LLC and its affiliates to obtain the 12 most recent monthly reports detailing Merchant's credit card processing activity from its card processor or any agent or other third party utilized by that processor to authorize, clear and / or settle credit card payments.		
Owner Signature: _____		Co-Owner Signature: _____
Print Name: _____		Print Name: _____