



521 Route 111 Unit 200
 Hauppauge, NY 11788
 Phone: (631) 257-0387
 Fax: (631) 257-0391
 Email: info@emsbizcash.com

Business Application

Business Legal Name:		Business Phone:	
Business DBA Name:		Mobile:	
Legal Entity: <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LTD Partnership		Business Fax:	
Business Start Date:		Business Website:	
Federal Tax ID:	State of Incorporation:	Business Email Address:	
Physical Address:		City:	State: Zip Code:
Billing Address:		City:	State: Zip Code:

Owner

Name:		Title:	% of Ownership:
Home Address:		City:	State: Zip Code:
Rent: <input type="checkbox"/> Own: <input type="checkbox"/>	Property Value:	Debt Owned:	Mobile:
Email:		Date of Birth:	SSN:

Co-Owner

Name:		Title:	% of Ownership:
Home Address:		City:	State: Zip Code:
Rent: <input type="checkbox"/> Own: <input type="checkbox"/>	Property Value:	Debt Owned:	Mobile:
Email:		Date of Birth:	SSN:

Business Profile

Business Description:	
Renter or Owned:	Bankruptcy?
Rent/Mortgage Amount:	
Landlord/Mortgage Company Contact:	

Financial Profile

Current Merchant Processor Name:	
Purpose of Working Capital:	Amount Requested:
Last month's Visa/MasterCard Monthly Volume:	Total Monthly Sales (All Forms of Revenue):
Gross Annual Sales (Last Year's Tax Return):	
Do you have any open MCA or loan accounts?	If Yes, what is the balance? Held with:

Authorization Form

By signing below, each of the above listed business and business owners/officers (individually and collectively, "you") authorize [Evolution Management Services] ("EMS") 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 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, including consumer reporting agencies, such as TransUnion, Experian and Equifax, and from other credit bureaus, providing "written instructions" to EMS under the Fair Credit Reporting Act (FCRA), solely to conduct a prequalification for credit. You also authorize EMS to transmit this application form, along 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 EMS and to each of the Recipients, on its own behalf.

Owner Signature: _____	Co-Owner Signature: _____
Print Name: _____	Print Name: _____
Date: _____	Date: _____

* Providing your mobile number indicates that you consent to receiving text messages regarding your account with EMS.

Thank you for completing the application. Please save as PDF and email it to us: info@emsbizcash.com.