

Merchant Pre-Qualification Form



Business Legal Name:		Business DBA Name:		EIN:	
Type of Business Entity (Check One):		Primary Business Structure: (Check All That Apply):		Do you have any existing loans against your receivables? (Check One):	
<input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Ltd. Partnership <input type="checkbox"/> LLP <input type="checkbox"/> Sole Proprietor		<input type="checkbox"/> Home-Based Business <input type="checkbox"/> Franchise <input type="checkbox"/> E-Commerce <input type="checkbox"/> None of the Above		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Industry Type: (Describe)	Current Credit Card Processor:	State of Incorporation:	Use of Proceeds:	Business start date under current Ownership:	Merchant Email Address:
Physical Street Address:			City:	State:	Zip Code:
Billing Street Address (if different than above):			City:	State:	Zip Code:
Preferred Contact Phone #:	Business Location(s): <input type="checkbox"/> Rented <input type="checkbox"/> Mortgaged Monthly Payment:	Avg. Monthly Credit Card Volume:	Avg. Transaction Amount:	Gross Annual Sales (from previous year's Tax return):	
List the Total Business Bank Deposits and # of Days with a Negative Balance	Last Month: -Total Bus. Bank Deposits: \$ _____ # of Days with a Negative Balance: _____	Two Months Ago: Total Bus. Bank Deposits: \$ _____ # of Days with a Negative Balance: _____	Three Months Ago: Total Bus. Bank Deposits: \$ _____ # of Days with a Negative Balance: _____	Four Months Ago: Total Bus. Bank Deposits: \$ _____ # of Days with a Negative Balance: _____	
List the Total VISA/MasterCard volumes:	Last Month: \$ _____ # Tickets: _____	Two Months Ago: \$ _____ # Tickets: _____	Three Months Ago: \$ _____ # Tickets: _____	Four Months Ago: \$ _____ # Tickets: _____	
Owner/Officer		Primary Contact <input type="checkbox"/>		Job Title:	
First Name:	Last Name:	SS#:	Date of Birth:	Home Phone:	
Street Address:			City:	State:	Zip Code:

AUTHORIZATIONS

By signing below, each of the above listed business and business owner (individually and collectively, "you") authorize Lending Towers LLC L.L.C. ("Lending Towers"), to obtain consumer or personal, business and investigative reports or 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 (1) to review the transaction you have applied for, including to authenticate your identity, verify information in your application, make underwriting decisions, and for related purposes, (2) if your application results in your entering into a transaction with Lending Towers, to service, monitor, collect and enforce the transaction, and (3) from time to time, to determine your eligibility for other financial products that may be offered by Lending Towers. You also authorize (i) Lending Towers, as agent for other lenders, to transmit this application form, along with any of the foregoing information obtained in connection with this application, to any or all of Funding Towers Affiliates and partner lenders for the foregoing purposes and (ii) Lending Towers, as agent of other lenders, to transmit this application form, along with any foregoing information obtained in connection with this application, to Lending Towers for the foregoing purpose. You also consent to release, by any creditor or financial institution, of any information relating to any of you, to our Affiliates and partner lenders, as agent on behalf of Lending Towers, on its own behalf.

Owner / Officer's Signature: X _____
Owner / Officer's Name: (Print) _____ **Date:** _____