

FUNDING APPLICATION



Coastal Merchant Solutions

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Sales Rep. ID: _____

Please fill in the spaces below and mail or fax us the application. By doing so, you are giving **Coastal Merchant Solutions**, 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:		Business DBA Name:		
Address:	Suite / Floor:	City:	State:	Zip:
Phone:	Fax:	Mobile:	Tax ID #:	
Business Start Date (month / year):	Length of Ownership:	Legal Entity: <input type="checkbox"/> Corp <input type="checkbox"/> Sole Prop <input type="checkbox"/> LLC <input type="checkbox"/> Partnership		
E-mail:		Industry Type:		
Landlord / Mortgage Company:		Website:		
Landlord Contact Name:		Rent / Mortgage Payment:		Lease Expiration:
Landlord Contact Phone:		Landlord Contact Fax:		

REFERENCES	Company Name:	Contact:	Telephone:
	Company Name:	Contact:	Telephone:
	Company Name:	Contact:	Telephone:

PRINCIPAL / OWNER DETAILS

Principal (1) Name:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs	Title:	% Ownership:
Address:		City:	State: Zip:
Phone:	Fax:	Mobile:	
E-mail:		Social Security #:	

Principal (2) Name:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs	Title:	% Ownership:
Address:		City:	State: Zip:
Phone:	Fax:	Mobile:	
E-mail:		Social Security #:	

FUNDING DETAILS

Desired Advance Amount:	Minimum Advance Amount:	Average Ticket Size:
Average Monthly Visa/MasterCard Sales:		Average Monthly Total Sales:
Proposed Use of Funds:		Current Processing Company:
Bank Name:	Account Number:	Routing Number:
Merchant Account Number:	AMEX Account Number:	Discover Account Number:
Has applicant ever been in bankruptcy?: <input type="checkbox"/> YES <input type="checkbox"/> NO	Are any suits/judgements/liens pending against the applicant: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Do you have an OPEN cash advance? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, with who: Balance:	Have you used a cash advance plan before?: <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, with who:	