

Universal Merchant Credit Application

Merchant Information <i>(Please Complete All Information Below Accurately)</i>			
Legal Name of Merchant:		<input type="checkbox"/> Restaurant <input type="checkbox"/> Retail: _____ <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Convenience <input type="checkbox"/> Bar/Nightclub <input type="checkbox"/> Other: _____	
D/B/A Name of Merchant:			
Merchant Corporate/Legal Address:			
City:	State:		
Phone:	Fax:	Web Site Address: www. _____	
Legal Form of Entity & Authorized Signer (Please Check Box and Complete as Indicated):			
<input type="checkbox"/> Corporation	Name of President: _____ Name of Officer Signing Application _____ Title: _____		
<input type="checkbox"/> LLC	Name of Manager/Managing Member: _____ (Must Be Signer of Application)		
<input type="checkbox"/> Partnership	Name of General Partner: _____ (Must Be Signer of Application)		
<input type="checkbox"/> Sole Proprietorship	Name of Owner: _____ (Must Be Signer of Application)		
Date of Organization:	State of Organization:	Federal Tax ID #:	
Number of Partners/Shareholders/Members/Owners in Business: _____ (Please List Them)			
1. _____	3. _____		
2. _____	4. _____		
Merchant Primary Establishment Address (if Different):			
City:	State:	Zip:	
Phone:	Fax:	Cell Phone:	
How Long Have You Owned the Establishment? _____ Years _____ Months			
Number of Employees:		Number of Additional Locations Under Same Legal Corporate Entity:	
Has the Business or Owners Ever Filed For Bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No When?			
Name of Landlord:		Landlord Phone:	
Merchant Sales Information			
What are Your Total Annual Credit Card Sales?	\$ _____	What are Your Total Annual Sales (Cash + CC)?	\$ _____
Number of Seats (if applicable):		Cuisine type (if applicable):	
Is Your Business Seasonal? <input type="checkbox"/> Yes <input type="checkbox"/> No	Percentage Sales Decrease In Low Volume Months:		% _____
List Low Volume Months:			
Total Cash Needed: \$ _____		Date When Cash Is Needed:	
What Weekly Payment Can You Afford? \$ _____			
Cash Will Be Used For <i>(Please Check One or More)</i> :			
<input type="checkbox"/> Expansion	<input type="checkbox"/> Renovations	<input type="checkbox"/> Equipment	<input type="checkbox"/> Inventory
<input type="checkbox"/> Pay Taxes	<input type="checkbox"/> Marketing	<input type="checkbox"/> Pay Off Existing Advance	<input type="checkbox"/> Open Another Location
		<input type="checkbox"/> Cash Flow	<input type="checkbox"/> Other: _____
Existing Cash/Financing Providers			
Name of Cash Provider:		Current Balance: \$ _____	
Amount Funded: \$ _____	Date Funded:	Do You Want To Pay Them Off? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Merchant Name: _____

Rate:	Please attach the most current statement on your account if you want to pay off this cash provider.		
Name of 2 nd Cash Provider:		Current Balance With 2 nd Cash Provider: \$	
Amount Funded: \$	Date Funded:	Do You Want To Pay Them Off? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Rate:	Please attach the most current statement on your account if you want to pay off this cash provider.		
Information on Loan Guarantor <i>(Required)</i>			
Name of Guarantor:			
Date of Birth:		Social Security Number:	
Drivers License #:	State:	E-Mail Address:	
Home Address:			
City:		State:	Zip:
Home Phone:		Cell Phone:	
Do You Own or Rent? <input type="checkbox"/> Own <input type="checkbox"/> Rent How Long? _____ Years _____ Months			
Have You Declared Personal Bankruptcy in the Past? <input type="checkbox"/> Yes <input type="checkbox"/> No When?			
Do You Currently Have Collection Issues Pending? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<p>I hereby give permission to ARF Financial LLC ("ARF"), or any agent or credit-reporting agency that it may designate, to obtain any and all information concerning my assets and other credit matters, which they may require in connection with this credit Application. I specifically acknowledge and agree that (1) all statements which I have made in this Application are made for purposes of obtaining the financing, (2) verification and reverification of any information which I have supplied in connection with this Application may be made at any time by ARF, either directly or through a credit reporting agency, from any source named in this Application and the original copy of the Application will be retained by ARF, even if the financing is not approved, (3) ARF will rely on the information which I have supplied herein and I have the continuing obligation to amend and/or supplement that information if any of the material facts which I have represented should change prior to the total obligations under the credit Agreement being paid in full and (4) each Guarantor, upon request from time to time by ARF, will provide ARF with financial statements and such other information as ARF deems appropriate, all in form and detail satisfactory to ARF. This Application is part of a credit review process and additional information may be required. ARF may render a credit decision on this application or may elect to submit this Application to one or more banks on the applicant's behalf and any institution considering this Application shall make its own credit decision regarding this Application. The sales representative submitting this Application cannot extend credit or commit to any financing or funding until a credit decision has been made by the appropriate institution.</p>			
Signature of Merchant Authorized Signer & Loan Guarantor:			
X _____		Date: _____	
Merchant Authorized Signer's Title: _____			
<ol style="list-style-type: none"> 1. This application must be completed in its entirety. It must be signed and dated by an Authorized Signer of the Merchant who is also the Loan Guarantor. 2. Along with this application please fax the Merchant's three most bank statements and the most current credit card statement. 3. How would you like to be contacted about this financing request? <input type="checkbox"/> Business Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Home Phone <input type="checkbox"/> E-Mail <input type="checkbox"/> Business Fax 			
Transmittal of this Application and all information to be attached may be made by facsimile transmission.			
PLEASE FAX THIS APPLICATION TO:			
Source of Application <i>(For Office Use Only)</i>			
Sales Rep Name:		Sales Rep E-Mail:	
Company Rep Works For:		Company ID Number:	
Sales Rep Phone Number:		Date Submitted:	