

Business Legal Name:				Business DBA Name:			
Type of Business Entity (Check One)	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Sole Proprietor	
Does the Merchant have any other businesses with open contracts for working capital? (Check one) <input type="checkbox"/> YES <input type="checkbox"/> NO				State of Incorporation:		Use of Proceeds:	
Physical Street Address:				City:		State:	Zip Code:
Billing Street Address (if different than above):				City:		State:	Zip Code:
P.Y.U.G.Y.W.I.b.h.m.H.d.Y. For Profit: Non Profit:		Billing Location Phone #:			Preferred Contact Phone #:		
Industry Type: (SIC Code or Description)		<input type="checkbox"/> Rented <input type="checkbox"/> Mortgaged Amount:			Federal EIN / TAX ID#		
Gross Annual Sales (Previous year's Tax return):		Company Website:			Business start date under current ownership:		

Owner/Officer		Primary Contact <input type="checkbox"/>		Job Title:		
Last Name:	First Name:	SS#:	Date of Birth:		Home Phone:	
Street Address:			City:		State:	Zip Code:
Email Address			Percentage (%) of Ownership			

Authorizations

The Merchant and Owner(s)/Officer(s) identified above (individually, an "Applicant") each represents, acknowledges and agrees that (1) all information and documents provided to Timestar Lenders ("TL") including credit card processor statements are true, accurate and complete, (2) Applicant will immediately notify TL of any change in such information or financial condition, (3) Applicant authorizes TL to disclose all information and documents that TL may obtain including credit reports to other persons or entities (collectively, "Assignees") 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") and each Assignee is authorized to use such information and documents, and share such information and documents with other Assignees, in connection with potential Transactions, (4) each Assignee will rely upon the accuracy and completeness of such information and documents, (5) TL, Assignees, and each of their representatives, successors, assigns and designees (collectively, "Recipients") are authorized to request and receive any investigative reports, credit reports, statements from creditors or financial institutions, verification of information, or any other information that a Recipient deems necessary, (6) Applicant waives and releases any claims against Recipients and any information-providers arising from any act or omission relating to the requesting, receiving or release of information, and (7) each Owner/Officer represents that he or she is authorized to sign this form on behalf of Merchant.

Owner / Officer's Name : (Print) _____

Owner / Officer's Signature: X _____ **Date:** _____

Requested working capital amount: \$ _____

Internal Information (To be completed by Timestar Lenders Associate)

Associate Name: _____ Identification Number: _____

Notes: _____



Borrower Need Assessment Form

This form is used to better assess your needs when packaging your loan application for lender approval. After reviewing your application and statements, we will be able to determine the maximum daily payment and total loan amounts to be initially afforded.

Please note, at any time, your balance may not exceed 10% of gross annual sales as indicated by your bank statements.

1. Has this business ever obtained a working capital loan? (Loan with weekday repayment structure)

2. What is the Project/Purpose of the loan?

3. How soon are the funds needed?

4. Will you consider completing this project in phases?

5. What percentage of annual sales growth is expected from the use of funds?

SUBMIT WITH PRE-QUALIFICATION

Business Legal Name: _____

Owner/Officer Signature: _____

Owner/Officer Name: _____



Merchant Pre-Qualification (Complete Application Submission)

Please include the following:

1. Official Merchant Pre-Qualification form fully completed and signed by borrower/personal guarantor(s)
2. Borrower Need Assessment Form
3. Copies of official Bank statements for ALL business operating account(s): 6 Months – ALL PAGES