



**Clark Commercial
Brokerage, LLC**

Fax To: (833) 897-9772

**Sales Agent: Jason Clark
ID#:**

Office: (844) 552-5626

www.capitalformybiz.com

MERCHANT PRE-QUALIFICATION FORM

COMPANY INFORMATION

Legal Company Name (&DBA):

Industry Type:

Website:

Type of business entity:

Current business address:

City:

State:

ZIP Code:

Own Rent (Please circle)

Monthly payment or rent: \$

Business start date:

COMPANY INFORMATION (CONT.)

Average monthly revenue: \$

Monthly credit card processing: \$

Use of funds:

Bus. Phone:

Requested financing amount: \$

Landlord Phone#:

Landlord/Bank Name:

Incorporation State:

Tax ID:

Do you have an existing business
loan/ advance? :

Yes/ No (Please circle)

If yes, list loan balances: \$

BUSINESS OWNER INFORMATION (1)

Full Name:

Date of birth:

SSN:

Cell Phone #:

Current home address:

City:

State:

ZIP Code:

Email Address:

% Ownership:

Credit Score (Estimate):

BUSINESS OWNER INFORMATION (2)

Full Name:

Date of birth:

SSN:

Cell Phone #:

Current home address:

City:

State:

ZIP Code:

Email Address:

% Ownership:

Credit Score (Estimate):

Signature/ Title (1):

Date (1):

Signature/ Title (2):

Date (2):