



| <b>BUSINESS INFORMATION</b>   |                      |  |                                      |
|---|----------------------|--|--------------------------------------|
| Legal/Corporate Name:   |                      | DBA:   |                                      |
| Physical Address:   |                      | City:  | State: Zip:                          |
| Telephone #:  | Fax #:               | Federal Tax ID:  |                                      |
| Date Business Started:  | Length of Ownership: | Website:   |                                      |
| Type of Entity (circle one): Sole Proprietorship Partnership Corporation LLC Other  |                      |  | Email Address:                       |
| Type of Business (circle all that apply): Retail MO/TO Wholesale Restaurant Supermarket Other   |                      | Product/Service Sold:  |                                      |
| <b>MERCHANT/OWNER INFORMATION</b>   |                      |  |                                      |
| Corporate Officer/Owner Name:   |                      | Title:   | Ownership %:                         |
| Home Address:   |                      | City:  | State: Zip:                          |
| SSN:  | Date of Birth:       | Home #:  | Cell #:                              |
| <b>PARTNER INFORMATION (if merchant ownership % less than 50%)</b>  |                      |  |                                      |
| Partner Name:   |                      | Title:   | Ownership %:                         |
| Home Address:   |                      | City:  | State: Zip:                          |
| SSN:  | Date of Birth:       | Home #:  | Cell #:                              |
| <b>BUSINESS PROPERTY INFORMATION</b>  |                      |  |                                      |
| Business Landlord or Business Mortgage Bank:  |                      | Contact Name and/or Account #:   | Phone #:                             |
| <b>BUSINESS TRADE REFERENCES (Please list at least 3 trade suppliers. Please attach any additional references on a separate page.)</b>  |                      |  |                                      |
| Business Name:  |                      | Contact, Account # or Fax #:   | Phone #:                             |
| Business Name:  |                      | Contact, Account # or Fax #:   | Phone #:                             |
| Business Name:  |                      | Contact, Account # or Fax #:   | Phone #:                             |
| Business Name:  |                      | Contact, Account # or Fax #:   | Phone #:                             |
| <b>OTHER INFORMATION</b>  |                      |  |                                      |
| Do You Accept Credit Cards Processing Terminal(s)/Software Model:   |                      | Number of Terminals:   | Average Monthly Volume:              |
| Requested Funding Amount :  |                      | Do you Accept: Visa/MasterCard Amex Discover Debit EBT Please circle all that apply. |                                      |
| Prior Funding Company (if applicable):  |                      | Balance:   | Underwriter Use Only Split Funds ACH |
| Applicant authorizes Leibold Enterprises, LLC. and its assigns, agents, banks or financial institutions to obtain an investigative or consumer report from a credit bureau or a credit agency and to investigate the references given on any other statement or data obtained from applicant.<br><b>Please Return with Copies of Last Three Month's Bank Statements , Driver's License and Void Check</b> |                      |  |                                      |
| Applicant's Signature Date  |                      |  |                                      |