



BUSINESS INFORMATION

PRE-QUALIFICATION FORM

Legal/Corporate Name		DBA	
Physical Address		City	State
		Zip Code	
Telephone Number	Date Business Started (mo/day/yr)	State of Incorporation	Federal Tax ID
Fax Number	Hours of Operation	Product/Service Sold	
Type of Entity (Select One) <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other		Email Address	
Type of Business (Select One) <input type="checkbox"/> Retail <input type="checkbox"/> Wholesale <input type="checkbox"/> Business Services <input type="checkbox"/> Consumer Services <input type="checkbox"/> Restaurant/Bar <input type="checkbox"/> Other		Website Address	

MERCHANT/OWNER INFORMATION

Corporate Officer/Owner Name		Title	Length of Ownership	
Home Address		City	State	Zip Code
		Ownership %		
DOB(month/day/year)	Social Security Number	Home Phone Number	Cell Phone Number	

PARTNER INFORMATION

Corporate Officer/Owner Name		Title	Length of Ownership	
Home Address		City	State	Zip Code
		Ownership %		
DOB(month/day/year)	Social Security Number	Home Phone Number	Cell Phone Number	

BUSINESS PROPERTY INFORMATION

Own/Lease	Time at This Location	Monthly Rent or Mortgage	Date Lease Ends(month/day/year)
		\$	
Business Landlord or Mortgage Bank	Contact Name and/or Account No.	Office/Mobile Number	

OTHER INFORMATION

Prior/Current Cash Advance Company	Current Balance	Annual Gross Income	Do you usually close the business during part of the year?
(if applicable)	\$	(if applicable)	\$ <input type="checkbox"/> Yes <input type="checkbox"/> No Details:
Any Lawsuits or Judgments Pending against Business or Owner?		Any open State/Federal Tax Liens?	Any open bankruptcies?
<input type="checkbox"/> Yes <input type="checkbox"/> No Details:		<input type="checkbox"/> Yes <input type="checkbox"/> No Details:	<input type="checkbox"/> Yes <input type="checkbox"/> No Details:

AUTHORIZATION

By signing below, each of the above listed business and business owner/officer (individually and collectively, "you") authorize Lighthouse Business Capital and each of its representatives, successors, assigns and designees ("Recipients") 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") to obtain consumer or personal, business and investigative reports and other information about you, including credit card processor statements and bank statements, from one or more consumer reporting agencies, such as TransUnion, Experian and Equifax, and from other credit bureaus, banks, creditors and other third parties. You also authorize Lighthouse Business Capital to transmit this application form, along with any of the foregoing information obtained in connection with this application, to any or all of the Recipients for the foregoing purposes. You also consent to the release, by any creditor or financial institution, of any information relating to any of you, to Lighthouse Business Capital and to each of the Recipients, on its own behalf.

CONSENT TO TELEPHONE CALLS: You expressly consent to receiving marketing and other calls and messages, to landline, wireless or similar devices, including auto-dialed and pre-recorded message calls, and SMS messages (including text messages) from recipients, at telephone numbers that you have provided. Message and data rates may apply. Your consent to receive marketing calls is not required for your application, if you do not consent, do not provide your phone number.

CONSENT TO ELECTRONIC DISCLOSURE: You expressly consent to transactions and disclosures with recipients online and electronically. Disclosure will be provided to you either on the screen, on recipients' website or via electronic mail to the email address you provided.

_____/_____/_____
Co-Signature Date

_____/_____/_____
Co-Signature Date

