

LendingPro Advantage Merchant Agreement



www.LendingPro.com

Processing Center - PO Box 1060, Bonsall, CA 92003
877-436-4262 Phone / 877-777-4129 Fax

ORGANIZATIONAL INFORMATION									
Firm's Legal Name (or Individual's Name if Sole Proprietorship):					Doing Business As / Trade Name:				
Mailing Address (If More Than One Location, Please Provide Locations on Letterhead):					City, State, Zip Code:				
Merchant Specialty:					Type of Business: <input type="checkbox"/> Not for Profit <input type="checkbox"/> Professional Corp <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Ownership				
Place of Incorporation:			Professional License:		Business Phone:			Business Fax:	
Federal Tax I.D. #:		State Tax I.D. #:		# of Locations:	Date Established:	Email for Merchant:			
Contact Person:		Phone Number:		Title:		Email for Contact:			
Have you been profitable the last 3 yrs? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are audited financial statements prepared? <input type="checkbox"/> Yes <input type="checkbox"/> No		Has the company ever filed for bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No		Any complaints filed against business in the last 5 yrs? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Referred By:					Would you like a website banner?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
PRINCIPAL 1 INFORMATION				Percentage of Ownership:					
Name:			Your Title:		Date of Birth:		Social Security Number:		
Primary Home Address:			City:		State:	ZIP:	Home Phone:		
PRINCIPAL 2 INFORMATION - If there are more than two principals please provide information on a separate sheet				Percentage of Ownership:					
Name:			Your Title:		Date of Birth:		Social Security Number:		
Primary Home Address:			City:		State:	ZIP:	Home Phone:		
BANKING INFORMATION									
Name of Bank:			Address:				Branch Location:		
Bank Contact Name:			Phone:		Routing #:		Account #:		
SALES INFORMATION									
Description of Products or Services Offered:					Average Loan amount?		Monthly Consumer Financing Volume?		
Last Year Gross Revenue:		Current Year to Date Gross Revenue:		Do you use other Finance Programs? If yes, please list. <input type="checkbox"/> Yes <input type="checkbox"/> No					
REQUIRED DOCUMENTS									
<input type="checkbox"/> Articles Of Incorporation / Organization	<input type="checkbox"/> Profit and Loss Statement	<input type="checkbox"/> Copy of Driver's License for each Principal	<input type="checkbox"/> W-9	<input type="checkbox"/> Professional License	<input type="checkbox"/> Balance Sheet	<input type="checkbox"/> Copy of a Voided Check	<input type="checkbox"/> Business License	<input type="checkbox"/> Last Year's Tax Return	
APPLICANT'S SIGNATURES									
I/we authorize LendingPro Advantage, it's assigns and agents, or any third party involved in the decision to extend credit (hereinafter collectively referred to as the Creditor), to make whatever credit inquiries they deem necessary in connection with my credit application or in the course of review or collection of any credit extended in reliance on this application. I/we authorize and instruct any person or consumer reporting agency to complete and furnish the Creditor, any information they may have or obtain in response to such credit inquiries and agree that the same shall remain the property of the Creditor, whether or not credit is extended. I/we certify that we have read the above information and the information is true and correct.									
Applicant Signature			Print Name			Title		Date	
_____			_____			_____		_____	
Authorized Agent/Individual									
Applicant Signature			Print Name			Title		Date	
_____			_____			_____		_____	
Authorized Agent/Individual									