



ADMINISTRATIVE FORM

FAX TO: NEW CONTRACTS – (866) 518-2572

The Business -

Sales Rep: _____

DBA Name: _____

Legal Name: _____

Type of Business: _____

Fed Tax ID: _____ Corp LLC Sole Pro.

Business Address: _____

City/State/Zip: _____

Legal/Billing Address: _____

City/State/Zip: _____

Location Phone: _____

Preferred Phone: _____ Fax: _____

Email: _____

Website: _____

Business Open Date: _____ Current Credit Card Processor: _____

Do you have a Cash Advance Balance? _____ With Who? _____ Balance: _____

Monthly V/MC \$: _____ Avg. Amex \$: _____ Gross Annual Sales \$: _____

Owners/Officers -

1st Owner Name: _____ Date of Birth: _____ SSN: _____

Home Address: _____ City/State/Zip: _____

Home Phone: _____ Cell Phone: _____ How Long: _____ Own O

Drivers Lic #: _____ State: _____ % Ownership: _____ Email: _____

2nd Owner Name: _____ Date of Birth: _____ SSN: _____

Home Address: _____ City/State/Zip: _____

Home Phone: _____ Cell Phone: _____ How Long: _____ \ O

Drivers Lic #: _____ State: _____ % Ownership: _____ Email: _____

The Business Location -

Own \ u O on Lease: _____ Monthly Rent: _____

Landlord or Mortgage Co.: _____ Contact: _____

Phone #: _____ Cell: _____

References: -

Bank Name: _____ Branch: _____ Phone#: _____ Contact: _____

Trade #1: _____ Phone #: _____ Contact: _____

Trade #2: _____ Phone #: _____ Contact: _____

Trade #3: _____ Phone #: _____ Contact: _____

Do you currently have any open Bankruptcies? _____ Credit Card Terminal Type: _____

I hereby represent that all the above information is true and understand that making false statements might be considered fraud. By providing the above information, the applicant(s) authorize you to whom this application is made or your agents to investigate my/our financial responsibility and credit worthiness, specifically principal and corporate entities, and will provide financial statements, tax returns, etc. as you deem necessary. A photocopy of this authorization will be deemed as acceptable for release of credit information. I/we authorize Stone Funding Group, its assigns, agents, banks or financial institutions to receive pertinent information regarding the commercial lease for the above referenced location from my leasing company and or agent. I/we authorize you to update my/our credit profile from time to time in the future, as you deem appropriate.

Signature #1: _____
Date: _____

Signature #2: _____
Date: _____