



Ferdinand Training
ADVISORS, LLC



MERCHANT PREQUALIFICATION APPLICATION

Dale Ferdinand

Senior Funding Manager

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Business Information				
Business Legal Name:		State of Incorporation:		Type of Business Entity (check one): <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Sole Proprietor
Business DBA Name:				
Physical Street Address:	City:	State:	Zip Code:	
Billing Street Address (if different from above):	City:	State:	Zip Code:	
Physical Location Phone #:	Preferred Contact Phone #:	Cell Phone #:		
Federal Tax ID #:	Fax #:	Business Website Address:		

Industry Type: (Description)	Business Start Date:	Funding Amount Requested:
Gross Annual Sales:	Average Daily Bank Balance:	Use of Proceeds:
Monthly Bank Deposit Volume:	Credit Card Processor:	
Any Outstanding Loan or Advance Balances? <input type="checkbox"/> YES <input type="checkbox"/> NO	If Yes, list balance:	Funding Company
Seasonal Business? <input type="checkbox"/> YES <input type="checkbox"/> NO	If Yes, List Peak Months:	Any Open Bankruptcies? <input type="checkbox"/> YES <input type="checkbox"/> NO
		Any Judgements/Liens? <input type="checkbox"/> YES <input type="checkbox"/> NO

Ownership Information				
Owner/Officer 1			Ownership %:	Primary Merchant Email:
Last Name:	First Name:	SS #:	DOB:	Home Phone:
Street Address:			City:	State: Zip Code:
Owner/Officer 2			Ownership %:	Secondary Merchant Email:
Last Name:	First Name:	SS #:	DOB:	Home Phone:
Street Address:			City:	State: Zip Code:

Property Owner Information (please complete what is applicable to your business)		
<input type="checkbox"/> Rented <input type="checkbox"/> Mortgaged <input type="checkbox"/> Owned Outright		Landlord Name:
Rent/Mortgage Amount: _____ If owned, property value: _____		Phone #:
Landlord Type: <input type="checkbox"/> Management Company <input type="checkbox"/> Sole Ownership <input type="checkbox"/> Corporation <input type="checkbox"/> Other		

Authorization

By signing below, each of the above listed business and business owner/officer (individually and collectively, "you") authorize FTA ("Ferdinand Training Advisors") to share this application and other information obtained in connection with the application with its representatives, successors, assigns, designees and partners ("Recipients") that may be involved with or provide Merchant Cash Advance transactions, commercial loans, term loans, and or SBA loans having daily, weekly, bi-weekly or monthly repayment features or purchases of future receivables for the purpose of considering your eligibility for credit or other payment contracts. You further authorize the Recipients to (1) obtain consumer and commercial credit reports and related information about you from credit reporting agencies and other third party data providers; and (2) obtain other 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 consent to the release, by any creditor or financial institution, of any information relating to any of you, to FTA and to each of the Recipients, on its own behalf.

Owner / Officer 1 Name: (Print) _____

Owner / Officer 1 Signature: _____

Date: _____

Owner / Officer 2 Name: (Print) _____

Owner / Officer 2 Signature: _____

Date: _____