HOUR FUNDING

Same-Day Business Capital

FUNDING APPLICATION

☐ NEW ☐ RENEWAL

BUSINESS INFORMATION

LEGAL BUSINESS NAME:	DBA NAME:		
PHYSICAL ADDRESS:	CITY:	STATE:	ZIP:
MAILING ADDRESS:	CITY:	STATE:	ZIP:
BUSINESS PHONE:	BUSINESS FAX:	TYPE OF ENTITY:	
FEDERAL TAX ID (9 digits):	BUSINESS START DATE:	# OF LOCATIONS:	
BUSINESS PROPERTY TYPE: ☐ RENT ☐ OWN	MONTHLY RENT/MORTGAGE:	LANDLORD/BANK COMPANY NAME:	
LANDLORD/BANK CONTACT NAME:	LANDLORD/BANK PHONE:		
AVERAGE MONTHLY DEPOSITS:	ANNUAL GROSS SALES:	AMOUNT REQUESTED:	USE OF FUNDS:
EXISTING ADVANCE? ☐ YES ☐ NO	IF SO, WITH WHO:	OUTSTANDING BALANCE:	

CORPORATE BUSINESS STRUCTURE: ☐ CORPORATION ☐ PARTNERSHIP ☐ SOLE PROPRIETOR ☐ LLC ☐ LLP ☐ OTHER: ____

OWNERSHIP INFORMATION

PRINCIPAL OWNER NAME:	OWNERSHIP %:	SSN#:	DOB:
HOME ADDRESS:	CITY:	STATE:	ZIP:
HOME PHONE:	CELL:	EMAIL ADDRESS:	

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HOME ADDRESS:	CITY:	STATE:	ZIP:
HOME PHONE:	CELL:	EMAIL ADDRESS:	

CREDIT CARD PROCESSING INFORMATION

CURRENT CREDIT CARD PROCESSOR:	MID:
ANNUAL CREDIT CARD SALES:	AVERAGE MONTHLY CREDIT CARD VOLUME:

The Merchant and Owner(s)/Officer(s) identified above (individually, an "Applicant") each represents, acknowledges and agrees that (1) all information and documents provided to Hour Funding including credit card processor statements are true, accurate and complete, (2) Applicant will immediately notify Hour Funding of any change in such information or financial condition, (3) Applicant authorizes Hour Funding to disclose all information and documents that Hour Funding may obtain including credit reports to other persons or entities (collectively, "Assignees") 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"), and each Assignee is authorized to use such information and documents, and share such information and documents with other Assignees, in connection with potential Transactions, (4) Hour Funding and each Assignee will rely upon the accuracy and completeness of such information and documents, (5) Hour Funding, Assignees, and each of their representatives, successors, assigns and designees (collectively, "Recipients") are authorized to request and receive any investigative reports, credit reports, statements from creditors or financial institutions, verification of information, or any other information that a Recipient deems necessary, (6) Applicant waives and releases any claims against Recipients and any information-providers arising from any act or omission relating to the requesting, receiving or release of information, and (7) each Owner/Officer represents that he or she is authorized to sign this form on behalf of Merchant. A copy of this authorization may be accepted as an original.

SIGNATURE _____ PRINT NAME / DATE _____

SIGNATURE _____ PRINT NAME _____