

RESOURCE OPTION

Phone: 1-888-483-8959

The lowest payback, no hassle alternative funding solution.

Fax: 1-888-483-8979

| | | | | | | |
|--|--------------------------------------|---|--------------------------------------|---|--|--|
| Business Legal Name: | | Business DBA Name: | | Federal ID #: | | |
| 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 |
| Does the Merchant have any other businesses with current Advanceable contracts? Check One: <input type="checkbox"/> YES <input type="checkbox"/> NO | | | State of Incorporation: | | Use of Proceeds: | |
| Physical Street Address: | | | City: | State: | Zip code: | |
| Billing Address: (if different than above) | | | City: | State: | Zip code: | |
| Physical Location Phone #: | | Preferred Contact Phone #: | | Preferred Fax #: | | |
| Industry Type: (SIC Code or Description) | | Gross Annual Sales (All revenue: As shown on previous year Tax return): | | Date the Business first processed Credit Cards under current Ownership: | | |
| Owner/Officer Info: | | <input type="checkbox"/> Primary Contact | Job Title: | | Ownership: _____ % | |
| Name: | SS# | E-mail address: | | Date of Birth | Home Phone: | |
| Street Address: | | City | | State | Zip Code | |
| Visa/Mastercard: Card Swipe _____ % Manually Keyed _____ % Phone/Mail Order _____ % Internet _____ % Total (100%) | | | | | | |
| Average Ticket: | Total Gross Monthly Volume: | V/MC Monthly Volume: | Annual V/MC Sales: | #of CC Terminals | | |
| Check Card Program Yes No | | Discover Yes No | | Existing Account # | Terminal Make & Model | |
| Gift Card Program Yes No | | American Express Yes No | | Existing Account # | Printer Make & Model | |
| Debit Yes No | Diners Club/Carte Blanche Yes No | | Existing Account # | Software Type/POS Systems – Contact Name & Phone | | |
| Pin Pad Type | JCB Yes No | | Existing Account # | | | |
| Terminal Hardware/Software Comments: | | | Merchant Return Policy: | | | |
| Trade Ref. #1 – Co. Name: | | Contact Name: | Phone #: | Fax # | | |
| Trade Ref. #2 – Co. Name: | | Contact Name: | Phone #: | Fax # | | |
| Trade Ref. #3 – Co. Name: | | Contact Name: | Phone #: | Fax # | | |
| LEASE or OWN (Circle One) | | Lease Start Date: | Lease Term: | Monthly Payment \$ | | |
| Landlord/Mtg Company: | | Contact Name: | Phone # | Fax # | | |
| Bank Name: | Phone #: | City: | State: | Zip Code: | | |
| The above listed Merchant and Owner(s) / Officer(s) (collectively hereafter "Applicants") represent that the information contained on this Contract Application Form and the credit card processor statements provided to AMI are true and correct, and Applicants will immediately notify AMI of any financial change I said Merchant. Applicants hereby authorize AMI to obtain on any of the Applicants any investigative reports, credit reports (Business and Personal), statements from creditors or financial institutions, verification of information provided by any of the Applicants, or any other information that AMI deems necessary. Applicants hereby authorize the release by any creditor or financial institution to AMI of any information relating to any of the Applicants. Applicants waive and release any claims against AMI or any creditor or financial institution arising from any act or omission relating to the obtaining or release of information sought by AMI. Applicants agree that any pre-qualified offers made by or on behalf of AMI are confidential and may not be disclosed to third parties (other than to Applicants' legal or financial advisors or as required by law), except at AMI's express, written direction. | | | | | | |
| Owner / Officer's Name: | | Owner / Officer's Signature: | | Date: | | |
| Sales Information (To be completed by Sales Representative) | | | | | | |
| Source: | Sales Rep # | Sales Representative: | | Preferred Credit Card Processor: | | |
| Required Information: (Please fill out all fields & rank the following, with 1 being most important & 4 being the least) | | | | | | |
| ___ Funding Size / Purchase Price \$ _____ RTR Ratio _____ (Will be matched to RBP grids) | | | | | | |
| ___ Retrieval Rate Range _____ % (Adhering to guidelines of gross sales) ___ Other _____ | | | | | | |
| Does the merchant have an outstanding balance with another company that purchases future card receivables? (Yes/No) | | | | | | |
| If yes, which company? _____ If yes, what is their outstanding balance? \$ _____ | | | | | | |

Sales Representative agrees that any pre-qualified offers made by or on behalf of AMI are confidential and may not be disclosed to third parties (other than to Applicants' legal or financial advisors or as required by law), except at AMI's express, written direction.

Sale Representative's Signature: _____ Date: _____

Please Fax to 1-888-483-8979 with 4 months of Visa and / or MasterCard credit card statements.