



Email: Sammy@NationalAdvanceGroup.com

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516-482-3210

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BUSINESS INFORMATION

Legal/Corporate Name:		DBA:		
Physical Address:		City:	State:	Zip:
Telephone #:	Fax #:	Federal Tax ID:		
Date Business Started:	Length of Ownership:	Website:		
Type of Entity (check one): Sole Proprietorship Partnership Corporation LLC Other				Email Address:
Type of Business (check all that apply): Retail MO/TO Wholesale Restaurant Supermarket Other				Product/Service Sold:

MERCHANT/OWNER INFORMATION

Corporate Officer/Owner Name:		Title:	Ownership %:	
Home Address:		City:	State:	Zip:
SSN:	Date of Birth:	Home #:	Cell #:	

PARTNER INFORMATION

Partner Name:		Title:	Ownership %:	
Home Address:		City:	State:	Zip:
SSN:	Date of Birth:	Home #:	Cell #:	

BUSINESS PROPERTY INFORMATION

Business Landlord or Mortgage Bank:	Contact Name and/or Account #:	Phone #:	Monthly Rent Amount:
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BUSINESS TRADE REFERENCES

(Please list at least 3 trade suppliers. Please attach any additional references on a separate page.)

Business Name:	Contact Name and/or Account #:	Phone #:
Business Name:	Contact Name and/or Account #:	Phone #:
Business Name:	Contact Name and/or Account #:	Phone #:

AGENT USE ONLY

Processing Company:	Number of Terminals:	Terminal Type:	Leased/Owned:
Requested Advance Amount:	Requested Daily Withholding:	Monthly CC Volume:	Monthly Gross Volume:
Prior/Current Cash Advance Company (if applicable):	Balance:	Current Advance Holdback:	

Applicant authorizes **National Advance Group** its assigns, agents, banks or financial institutions to obtain an investigative or consumer report from a credit bureau or a credit agency and to investigate the references given on any other statement or data obtained from applicant.

Applicant's Signature

Date

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Date