



AGENT ID: \_\_\_\_\_

SALES ID: \_\_\_\_\_

Please fill in the spaces below, sign and mail or fax us the application. By doing so, you are giving Realty Ramp, as well as its agents & affiliates, permission to review your business and personal credit history in order to provide you with formal funding approval.

<b>Business Legal Name:</b>		<b>Business DBA Name:</b>		
<b>Address:</b>	<b>Suite / Floor:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Phone:</b>	<b>Fax:</b>	<b>Mobile:</b>	<b>Tax ID #:</b>	
<b>Business Start Date (month / year):</b>	<b>Length of Ownership:</b>	<b>Legal Entity:</b> <input type="checkbox"/> Corp <input type="checkbox"/> Sole Prop <input type="checkbox"/> LLC <input type="checkbox"/> Partnership		
<b>E-mail:</b>		<b>Industry Type:</b>		
<b>Website:</b>		<b>Website:</b>		
<b>Landlord / Mortgage Company:</b>		<b>Rent / Mortgage Payment:</b>	<b>Lease Expiration:</b>	
<b>Landlord Contact Name:</b>		<b>Landlord Contact Phone:</b>	<b>Landlord Contact Fax:</b>	

<b>R</b> Company Name:	<b>Contact:</b>	<b>Telephone:</b>
<b>E</b> Company Name:	<b>Contact:</b>	<b>Telephone:</b>
<b>T</b> Company Name:	<b>Contact:</b>	<b>Telephone:</b>
<b>R</b> Company Name:	<b>Contact:</b>	<b>Telephone:</b>
<b>A</b> Company Name:	<b>Contact:</b>	<b>Telephone:</b>
<b>D</b> Company Name:	<b>Contact:</b>	<b>Telephone:</b>
<b>E</b> Company Name:	<b>Contact:</b>	<b>Telephone:</b>
<b>C</b> Company Name:	<b>Contact:</b>	<b>Telephone:</b>
<b>S</b> Company Name:	<b>Contact:</b>	<b>Telephone:</b>

**PRINCIPAL / OWNER DETAILS**

<b>Principal (1) Name:</b>	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs	<b>Title:</b>	<b>% Ownership:</b>
<b>Address:</b>		<b>City:</b>	<b>State: Zip:</b>
<b>Phone:</b>	<b>Fax:</b>	<b>Mobile:</b>	<b>Social Security #:</b>
<b>Annual Income:</b>		<b>Driver's License #:</b>	<b>Date of Birth:</b>
<b>E-mail:</b>	<input type="checkbox"/> <input type="checkbox"/>	<b>SIGNATURE:</b>	<b>DATE:</b>

<b>Principal (2) Name:</b>	<b>Mr Mrs</b>	<b>Title:</b>	<b>% Ownership:</b>
<b>Address:</b>		<b>City:</b>	<b>State: Zip:</b>
<b>Phone:</b>	<b>Fax:</b>	<b>Mobile:</b>	<b>Social Security #:</b>
<b>Annual Income:</b>		<b>Driver's License #:</b>	<b>Date of Birth:</b>
<b>E-mail:</b>		<b>SIGNATURE:</b>	<b>DATE:</b>

**FUNDING DETAILS**

<b>Desired Advance Amount:</b>	<b>Minimum Advance Amount:</b>	<b>Average Ticket Size:</b>
<b>Average Monthly Visa/MasterCard Sales:</b>	<b>Average Monthly Total Sales:</b>	
<b>Proposed Use of Funds:</b>	<b>Current Processing Company:</b>	
<b>Business for Sale:</b>	<b>Gross Annual Sales:</b>	<b>Current Taxes Filed:</b>
<b>Number of Locations:</b>	<b>Number of Terminals:</b>	<b>Terminal Type:</b>
<b>Has applicant ever been in bankruptcy?:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Are any suits/judgements/liens pending against the applicant:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>Do you have an OPEN cash advance?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Have you used a cash advance plan before?:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>If YES, with who:</b>	<b>Balance:</b>	<b>If yes, with who:</b>



# Merchant Pre-Qualification Form

Business Legal Name: \_\_\_\_\_ Business DBA Name: \_\_\_\_\_

Type of Business Entity (Check One)  Corporation  Limited Liability Company  Partnership  Limited Partnership  Limited Liability Partnership  Sole Proprietor

Does the Merchant have any other businesses with current AdvanceMe contracts? Check one  YES  NO State of Incorporation: \_\_\_\_\_ Use of Proceeds: \_\_\_\_\_

Physical Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Billing Street Address (if different than above): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Physical Location Phone #: \_\_\_\_\_ Billing Location Phone #: \_\_\_\_\_ Preferred Contact Phone #: \_\_\_\_\_

Industry Type: (SIC Code or Description)  Rented  Mortgaged Amount: \_\_\_\_\_ Current Credit Card Processor: \_\_\_\_\_

Gross Annual Sales (Previous year's Tax return): \_\_\_\_\_ Date the Business first processed Credit Cards under current Ownership/Business Start Date: \_\_\_\_\_ Average Monthly Credit Card Volume: \_\_\_\_\_

List the total VISA/MasterCard processing volumes from previous four months:	Last Month:		Two Months Ago:		Three Months Ago:		Four Months Ago:	
	\$	# Tickets:	\$	# Tickets:	\$	# Tickets:	\$	# Tickets:

Owner/Officer Primary Contact  Job Title: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ SS#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## Authorizations

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 Western Pacific Lending ("WPL") including credit card processor statements are true, accurate and complete, (2) Applicant will immediately notify WPL of any change in such information or financial condition, (3) Applicant authorizes WPL to disclose all information and documents that WPL 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 and/or 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) each Assignee will rely upon the accuracy and completeness of such information and documents, (5) WPL, 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.

Owner / Officer's Name: (Print) \_\_\_\_\_

Owner / Officer's Signature:   X   Date: \_\_\_\_\_

## Sales Information (To be completed by Sales Representative)

Sales Rep #: \_\_\_\_\_ Sales Rep Name : \_\_\_\_\_ Sales Rep Contact #: \_\_\_\_\_

Additional Contact #: \_\_\_\_\_ E-Mail Address : \_\_\_\_\_

Requested working capital amount: \$ \_\_\_\_\_ Merchant email address: \_\_\_\_\_

Note: \_\_\_\_\_ Tax ID: \_\_\_\_\_ Ownership %: \_\_\_\_\_

<b>Date:</b>
<b>Partner ID:</b>

<b>COMPANY INFORMATION</b>
<b>Exact Legal Company Name:</b>
<b>Owner Name:</b>

By signing and faxing or e-mailing us this Loan Application Authorization Form, you certify that (i) you are authorized to apply on behalf of the company whose full legal name appears above (the "Company") for a business loan from MetaBank, and (ii) all information you provided in the attached Loan Application that you submitted on behalf of the Company and other supporting documents is true and complete and that you will notify MetaBank of material changes to such information. You understand and agree that MetaBank and its agents and assignees are authorized to contact third parties to make inquiries in evaluating the Company's Loan Application (including requesting business and personal credit bureau reports from credit reporting agencies and other sources) or for any update, renewal, extension of credit or other lawful purpose. You and the Company understand and agree that MetaBank and its agents may provide credit information and other information from the Loan Application and about the signing individual(s) and the Company to third parties who may use the information for any lawful purpose, including for the purpose of offering credit and/or other products and services to the signing individual(s) and/or the Company.

If approved, the loan to the Company will be made by MetaBank, a federally chartered savings bank.

I have read and understand the foregoing in its entirety and affirm, acknowledge and agree to the foregoing on behalf of myself and the Company:

<b>Signature:</b>	
<b>Print Name:</b>	
<b>Title:</b>	<b>Date:</b>

## Stacking and Uploading to the New (CRM)

For a submission and upload:

**1<sup>st</sup> attachment include the following and label it “Application”.**

- Complete PDF Application (Make sure this is signed)
- Complete CAN Application (Make sure this is signed) (Not needed for Bank Only)
- Authorizations (Signed)
- Legible Driver’s License
- Voided Check (If Available)

**2<sup>nd</sup> attachment include the following and label it “Merchant Statements”.**

- Full 4 months most recent Merchant Statements from the processor. (All pg’s included)
- Full 12 month most recent Merchant Statements if seasonal & taking CC. (All pg’s included)

**3<sup>rd</sup> attachment include the following and label it “Bank Statements”.**

- Full 6 months most recent Bank Statements. (All pg’s included)
- Full 12 months most recent Bank Statements if seasonal & bank only. (All pg’s included)

**Separate from “1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup>” uploads include: (Label these attachments accordingly)**

- Fact Sheet
- Tax Returns
- LOE’s
- Miscellaneous