

# Business Financing Application

Agent:	Subagent:
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## Business Name(s)

Business Legal Name:		Phone #:
Legal Address:		Fax #:
City:	Province:	Postal Code:
Name of Account (Doing Business As):		Phone #:
Physical Street Address (No PO Box):		Fax #:
City:	Province:	Postal Code:
Must Choose One Mailing Address: <input type="checkbox"/> DBA Address <input type="checkbox"/> Legal Address		Email Address:

## Merchant Profile (Business)

Social Insurance Number if Sole Proprietor:		Province of Incorporation:	# of Locations:
Business Open Date:	Length of Current Ownership:	Product / Service Sold:	Requested Amount:
Intended Use of Funds:			

Lease: <input type="checkbox"/> <small>mm/dd/yyyy</small>	<input type="checkbox"/> <small>mm/dd/yyyy</small>	Seasonal Business: Yes <input type="checkbox"/> No <input type="checkbox"/>	Peak Sales Month: From: _____ To: _____	Franchise: <input type="checkbox"/> Yes <input type="checkbox"/> No
Start Date:	End Date:			
Non-card monthly sales:		Gross monthly sales:		
Have you used a cash advance plan before? If yes, when? <input type="checkbox"/> Yes <input type="checkbox"/> No Provider: _____		Type of Entity: (Please check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Corporation		
Business Identification Number:		Monthly Rent/Mortgage Payment:		
Franchisor Contact Name:			Phone #:	

## Ownership Information

Owner/Officer/Partner 1:			
First Name:	Last Name:	Title:	
Social Insurance Number:	Date of Birth: <small>mm/dd/yyyy</small>	Drivers License Number:	
% of Ownership:	Years There:	Check if you: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Lease	
Residence Address:	City:	Province:	Postal Code:
Phone #:	Mobile #:	Email:	
Owner/Officer/Partner 2:			
First Name:	Last Name:	Title:	
Social Insurance Number:	Date of Birth: <small>mm/dd/yyyy</small>	Drivers License Number:	
% of Ownership:	Years There:	Check if you: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Lease	
Residence Address:	City:	Province:	Postal Code:
Phone #:	Mobile #:	Email:	

Each person signing below hereby declare(s) that all information provided in this is true and correct. Each person signing below consents to Journey Capital Inc., JCH Journey Capital Holdings Inc., and/or their respective affiliated companies obtaining credit, financial and related personal or business information (including a credit information report) about the undersigned from any credit bureau or credit reporting agency in connection with the financing application by the undersigned and consents to the collection, use and disclosure of personal information. Consent is also herein granted to contact any business past, present or future, the undersigned may deal with including Banks, Landlords, Franchisors and Insurance companies the undersigned currently use(s) or will use in the future.

Signature  \_\_\_\_\_ Title \_\_\_\_\_ Print name \_\_\_\_\_ Date mm/dd/yyyy \_\_\_\_\_

Signature  \_\_\_\_\_ Title \_\_\_\_\_ Print name \_\_\_\_\_ Date mm/dd/yyyy \_\_\_\_\_