



**Alternative Funding Group Corp.**

211 East 43<sup>rd</sup> Street, 7<sup>th</sup> Floor  
 New York, NY 10017

**Merchant Pre-Qualification Form**

Fax Completed Form to: (888) 502-3565

<b>Business Legal Name:</b>			<b>DBA:</b>		
<b>Type of Business:</b>	Corporation Sole Proprietor	LLC Partnership	Limited Partnership Limited Liability Partnership	<b>EIN:</b>	<b>Business Start Date under current Ownership:</b>
<b>Does the Merchant have any businesses with an Existing Cash Advance?</b>			<b>With Who?</b>		<b>What is your Current Balance?</b>
Yes No					
<b>Physical Street Address:</b>			<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Billing Address (if different):</b>			<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Physical Location Phone#</b>		<b>Billing Location Phone#</b>		<b>Preferred Contact Phone#</b>	
<b>Business Location(s)</b>	Rented	Mortgaged	<b>Monthly Payment:</b>		<b>Industry Type: (SIC Code or Description)</b>
<b>Amount Requested:</b>		<b>Use of Proceeds:</b>		<b>Gross Annual Sales (Prev. Year's Tax Return):</b>	
<b>Current Credit Card Processor:</b>		<b>Average Monthly Credit Card Volume:</b>		<b>Average Monthly Volume:</b>	
<b>List the total V/MC Processing volumes from Previous four months:</b>		<b>Last Month:</b>	<b>Two Months Ago:</b>	<b>Three Months Ago:</b>	<b>Four Months Ago:</b>

**Owner's Information**

<b>Owner/Officer Name:</b>		<b>Phone Number:</b>		<b>Email:</b>	
<b>SS#</b>		<b>Job Title</b>	<b>% of Ownership</b>	<b>Date of Birth:</b>	
<b>Street Address:</b>		<b>City:</b>		<b>State:</b>	<b>Zip Code:</b>
<b>2<sup>nd</sup> Owner/Officer Name:</b>		<b>Phone Number:</b>		<b>Email:</b>	
<b>SS#</b>		<b>Job Title</b>	<b>% of Ownership</b>	<b>Date of Birth:</b>	
<b>Street Address:</b>		<b>City:</b>		<b>State:</b>	<b>Zip Code:</b>

**Authorizations**

By signing below, each of the above listed business and business owner/officer (individually and collectively, "you") authorize Alternative Funding Group Corp. and each of its representatives, successors, assigns and designees ("Recipients") 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") to obtain consumer or personal, business and investigate reports and other information about you, including credit card processor statements and bank statements, from one or more consumer reporting agencies, such as TransUnion, Experian and Equifax, and from other credit bureaus, banks, creditors and other third parties. You certify that all information and documents submitted with this application are accurate, true, correct and complete. You also authorize Alternative Funding Group Corp. to transmit this application form, along with any of the of the foregoing information obtained in connection with this application, to any or all of the Recipients for the foregoing purposes. You also consent to release, by any creditor or financial institution, of any information relating to any of you, to Alternative Funding Group and to each of the Recipients, on its own behalf.

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2<sup>nd</sup> Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Sales Information (To be completed by Sales Rep)**

<b>Sales Rep #</b>	<b>Sales Rep Name:</b>	<b>Sales Rep Contact:</b>
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