



Alternative
FUNDING GROUP

Alternative Funding Group Corp.

2941 NW 62nd St STE 201

Fort Lauderdale, FL 33309

Merchant Pre-Qualification Form

Fax Completed Form to: (888) 502-3565

Contact Information

Phone: 1-888-258-6279

Email: admin@altfunding.com

Website: altfunding.com

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

Owner's Information

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

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 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: _____

2nd Owner's Signature: _____ Date: _____

Funding Information (To be completed by Funding Rep)

Funding Rep #	Funding Rep Name:	Funding Rep Contact:
----------------------	--------------------------	-----------------------------