

MERCHANT APPLICATION



Tel: 281-453-1556
 Fax: 832-843-7359
 Email: belmontbusinessloans@gmail.com

Company Information

Legal Name		Business DBA Name	
Address		City, State, Zip	
Phone	Fax		
Website	Email		
Legal Entity	Corp Sole Prop LLC Partnership Other	Federal Tax ID#	
Merchant Type	Retail Restaurant Service Internet	Business Start Date	
Business Location	Store Front Office Home Other	Products/Services Sold	

Owner# 1/Principal Information

Owner# 2/Principal Information

Name		Name	
Address		Address	
City, State Zip		City, State Zip	
Home Phone		Home Phone	
Mobile		Mobile	
Email		Email	
% of Ownership		% of Ownership	
Date of Birth		Date of Birth	
SSN#		SSN#	

Landlord Contact Information

Own/Lease?	Lease Start Date	Lease End Date
Landlord/Mortgage Company	Landlord/Mortgage Company Contact	
Phone	Monthly Rent/Mtg:	\$

By signing below, the Merchant and its Owners / Principals: (1) certify that all information and documents submitted in connection with this application is true, correct and complete; (2) authorize **The Belmont Franklin Group** its agents, partners, and lenders, to receive credit reports and any other information regarding the Merchant and its Owners and Principals from third parties, to verify any information provided on the application ; (3) to receive an occasional promotion or offer by email or fax.

By _____

By _____

Date _____

Date _____