

Rep Name: _____

Date: _____

Fortress Capital Lending
3015 N Ocean Blvd, C-114
Fort Lauderdale, Florida 33308
Tel: (888) 421-4159 Fax: (888) 256-1404

Merchant Pre-Qualification Form

Business Legal Name: _____

Business DBA Name: _____

Type of Business Entity (Check One):

Corporation LLC Partnership
 Ltd. Partnership LLP Sole Proprietor

Primary Business Structure: (Check All That Apply):

Home-Based Business Franchise
 E-Commerce None of the Above

Does the Merchant have any open MCA or loan accounts? (Check one):
 Yes No

Federal Tax ID: _____

Industry Type: (Describe) _____

Current Credit Card Processor: _____

State of Incorporation: _____

Use of Proceeds: _____

Business start date under current Ownership: _____

Merchant Email Address: _____

Physical Street Address: _____

City: _____

State: _____

Zip Code: _____

Physical Location Phone #: _____

Billing Street Address (if different than above): _____

City: _____

State: _____

Zip Code: _____

Billing Location Phone #: _____

Preferred Contact Phone #: _____

Business Location(s):
 Rented Mortgaged
Monthly Payment: _____

Avg. Monthly Credit Card Volume: _____

Avg. Transaction Amount: _____

Gross Annual Sales (from previous year's Tax return): _____

List the Total Business Bank Deposits and # of Days with a Negative Balance

Last Month:
-Total Bus. Bank Deposits: _____

\$ _____
of Days with a Negative _____

Balance: _____

Two Months Ago:
Total Bus. Bank Deposits: _____

\$ _____
of Days with a Negative _____

Balance: _____

Three Months Ago:
Total Bus. Bank Deposits: _____

\$ _____
of Days with a Negative _____

Balance: _____

Four Months Ago:
Total Bus. Bank Deposits: _____

\$ _____
of Days with a Negative _____

Balance: _____

List the Total VISA/MasterCard volumes:

Last Month:

\$ _____ # Tickets: _____

Two Months Ago:

\$ _____ # Tickets: _____

Three Months Ago:

\$ _____ # Tickets: _____

Four Months Ago:

\$ _____ # Tickets: _____

Owner/Officer

Primary Contact

Job Title: _____

First Name: _____

Last Name: _____

SS#: _____

Date of Birth: _____

Home Phone: _____

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 [Fortress Capital] ("FC") 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 investigative 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 also authorize FC 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 the release, by any creditor or financial institution, of any information relating to any of you, to FC and to each of the Recipients, on its own behalf.

Owner / Officer's Signature: _____ X

Owner / Officer's Name: (Print) _____ Date: _____

Merchant Cell Phone#: _____ Merchant Fax#: _____ Merchant Web Address: _____

Landlord Name: _____ Landlord Contact#: _____

Is Your Business Seasonal? Yes No If yes, what are the peak months? _____ Any Judgments/Liens Yes No

Any Open Bankruptcies? Yes No Second owner name and % of ownership: _____ / _____ %

Business Trade Reference #1: _____ Phone #: _____

Business Trade Reference #2: _____ Phone #: _____

Business Trade Reference #3: _____ Phone #: _____

Funding Amount Desired: _____ Term Desired "Months": _____

Return Application with the following items:

- 1. Copy of Driver's License
- 2. Last 3 months bank statements and last 3 months Credit Card Processing Statements
- 3. Copy of Voided Check

Fortress Capital #10486

Pre-qualification Form (Version 11/2013)