



FIRST DOWN FUNDING APPLICATION

DATE:

Business name (DBA): Business legal name:
Description of business:
Physical business address:
Business phone number: Primary business structure: Franchise Other
Corporate business structure: Corporation Partnership Sole Proprietor LLC LLP Other
State of incorporation: Business start date under current ownership:

BUSINESS PROFILE

Approximate annual sales: Number of full time employees: EIN/Tax ID number:
Do you rent or own your own office space? Own Rent Monthly rent or mortgage amount:

OWNER/OFFICER #1

Full name: Date of Birth:
Residence address:
Email address: Cell phone:
Social security number: Annual income: Ownership percentage:

If you own 50% or more of the business and do not wish to apply for joint credit with any other owner(s), please skip Section IV. Please note that 50% or more of combined ownership percentage is required in order to be eligible for submission.

OWNER/OFFICER #2

Full name: Date of Birth:
Residence address:
Email address: Cell phone:
Social security number: Annual income: Ownership percentage:

OTHER CREDIT RELATIONSHIPS

Does your business have any other MCA accounts? Balance?
Does your business have any outstanding loans? Balance?

Amount Requested: \$ Intended Use of Funds:

AUTHORIZATIONS

By signing below, each of the above listed business owner/officer (individually and collectively, "You") authorize First Down Funding and each of its representatives, successors, assigns and designees ("Recipients") that may be involved with or acquire commercial loans having repayment features or purchases of future receivables including Merchant Cash Advance transactions, including without limitation the application therefore (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 form, along with any of the foregoing information obtained in connection with this application, to any or all of the Recipients for foregoing purposes. You can also consent to the release, by any creditor or financial institution, of any information relating to any of you, to First Down Funding and to each of the Recipients, on its own behalf.

Owner/ Officer #1 Signature: Owner/Officer #2 Signature
Owner/Officer #1 Name (please print) Owner/Officer #2 Name (please print)

Date: Date: