

MCA Application

(Agent) Chris Campbell - Campbell & Sons Capital

Business info

Business Legal name: _____

Federal Tax ID#: _____

Business Ph: _____

Business type: LLC ___ CORP ___ SOLE PROP ___ OTHER ___

Product/service sold: _____

Monthly avg gross sales: _____

Premises: lease ___ Own ___ Monthly payment: \$ _____

Debt outstanding (1): \$ _____

Debt outstanding (2): \$ _____

Requested amount: \$ _____ Use of funds: _____

Business DBA: _____

Business start date/state of incorporation: _____

City state zip: _____

Business fax#: _____

Website: _____

Franchise Yes ___ No ___

Season Business Yes ___ No ___ Peak season? _____

Avg monthly CC sales: _____

Bank / landlord name _____

Contact name/phone #: _____

Lender 1 Name: _____

Lender 2 Name: _____

Loan /Lease /Advance /Line /Request

___Term Secure ___Term unsecured ___Revenue based ___Advanced ___A/R Line ___Equipment lease

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Owners/officer info

(1) Name: _____

Address: _____

City, state, Zip: _____

Home Ph: _____

Cell Ph: _____

% of ownership / Title: _____

Date of birth: _____

SS# _____

(2) Name: _____

Address: _____

City, state, Zip: _____

Home Ph: _____

Cell Ph: _____

% of ownership / Title: _____

Date of birth: _____

SS# _____

Business References

Trade ref 1 name/phone: _____

Trade ref 2 name/Phone: _____

Trade ref 3 name/Phone: _____

Officer 1 print /sign /date _____

Officer 2 print/sign/date: _____

With signature your giving permission CASC & associates to review/enquire/research all info on this application to get you the funds your requesting.