

Merchant Pre-Qualification Form			
Business Legal Name:		Business DBA Name:	
Legal Entity (Circle):	Corp    Sole Prop.    LLC    Partnership	Federal Tax ID #	State of Incorporation:
Type of Business:		Products/Services Provided:	
Physical Address:			
Business Phone:		Business Fax:	Mobile:
Website:	Email:	Business Start Date (MM/YYYY):	
Financial Information			
Existing MCA or Loan Account(s)?	Yes / No	Balance(s):\$	Company(s):
Average Gross Monthly Sales: \$		Average Monthly Deposits:\$	
Amount Requested:		Detailed Use of Proceeds:	
Any Notes or Disclosures:			
Open Business or Personal Judgment or Tax Liens?	Yes / No	If yes, type of Judgment or Tax Lien?	List of balance(s):
Business or Personal Bankruptcy in the last 12 months?	Yes / No	If yes, type of bankruptcy?	Date of discharge?
Owner / Principal Information			
Name:		Name:	
Title:		Title:	
% of Ownership:		% of Ownership:	
Address:		Address:	
City, State Zip:		City, State Zip:	
Personal Property:	Rent    Own	Personal Property:	Rent    Own
Years at Current Address:		Years at Current Address:	
Home Phone:		Home Phone:	
Mobile:		Mobile:	
Email:		Email:	
Date of Birth:		Date of Birth:	
SSN #:		SSN #:	
Personal Credit Score (estimate):		Personal Credit Score (estimate):	
Business Property Information			
Own/Lease?	Lease Start Date:	Lease End Date:	Monthly Rent/Mortgage:\$
Landlord/Mortgage Company:		Contact Name:	
Phone:		Email:	
Fax :		Total Market Value of Properties (if Owned):	
Business/Trade References			
Company:	Contact:	Phone :	
Company:	Contact:	Phone :	
Company:	Contact:	Phone :	
<p>By signing below, each of the above listed business and business owner/officer (individually and collectively, "you") authorize [Evolution Capital Group] ("ECG") 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 ECG 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 ECG and to each of the Recipients, on its own behalf.</p>			
Signature: _____		Signature: _____	
Print Name: _____		Print Name: _____	
Date: _____		Date: _____	
Attachments			
Please Submit the 4 most recent business bank statements			
Month 1:	Month 2:	Month 3:	Month 4: