

GSF Merchant Information **ISA Broker – Henry Waxman** **ISA referral code: 328-6**

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|------------------------|----------------------|-----------------|------|
| Legal Name / DBA: | | | |
| Physical Address: | | | |
| City: | | State: | ZIP: |
| Phone Number: | Fax Number: | Contact Name: | |
| Cell Phone Number: | Email: | Website: | |
| Date Business Started: | Length of Ownership: | Federal Tax ID: | |

GSF Company Type:

| | | | |
|--|---|--|--|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> General Partnership | <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Corporation |
| <input type="checkbox"/> Limited Liability Corporation | <input type="checkbox"/> Non-Profit Corporation | <input type="checkbox"/> Government | <input type="checkbox"/> Tax Exempt Organization |

GSF Owners/Officers: Please provide a minimum of 51% Ownership and all partners for Partnerships .
To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each business entity that opens an account. When you open an account, we will ask for Federal Tax Identification Number, physical street address of your business, full legal name of your business and other information, including information regarding associate principals that will allow us to identify your company.

| | | | |
|-------------|--------------------|-------------------|--|
| Name: | Title: | Ownership %: | Date of Birth: |
| Address: | | City: | State: |
| Home Phone: | Social Security #: | Driver License #: | Prior Bankruptcy: Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Name: | Title: | Ownership %: | Date of Birth: |
| Address: | | City: | State: |
| Home Phone: | Social Security #: | Driver License #: | Prior Bankruptcy: Yes <input type="checkbox"/> No <input type="checkbox"/> |

GSF Business Property Information:

| | | | |
|---|-----------|--------------------------------|------------------------|
| Own <input type="checkbox"/> Rent <input type="checkbox"/> | How Long: | Square Footage: | Monthly Rent/Mortgage: |
| Is the Business Rent/Lease/Mortgage current: Yes <input type="checkbox"/> No <input type="checkbox"/> | | If NO, how many Months behind: | |
| Landlord / Mortgage Company: | | Contact: | Phone: |

GSF Business References:

| | | |
|----------|----------|--------|
| Company: | Contact: | Phone: |
| Company: | Contact: | Phone: |
| Company: | Contact: | Phone: |

GSF Personal References:

| | |
|----------|--------|
| Contact: | Phone: |
| Contact: | Phone: |

GSF Miscellaneous Information:

| | |
|--|---|
| Amount Needed: | Funding Needed for: |
| Funding Needed for (continued) : | |
| Monthly Credit Card Processing: | Annual Gross Sales: |
| Is the Business Currently Paying a Business Cash Advance: Yes <input type="checkbox"/> No <input type="checkbox"/> | Name of Cash Advance provider: |
| Business Cash Advance Balance: | Are there any UCC Filings Against the Business Assets: Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Are you current with your Personal, State, & Federal Taxes: Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Are there any Liens against the Business or Owner(s): Yes <input type="checkbox"/> No <input type="checkbox"/> | Are there any Judgments against the Business or Owner(s) : Yes <input type="checkbox"/> No <input type="checkbox"/> |

By signing this Funding Application, I (we) hereby authorize Global Swift Funding, LLC. to request credit information on the above mentioned Business and Person(s). The credit information will be requested from: Landlord(s), Bank(s), Credit Reporting Agencies, UCC Filings, IRS, Federal, State and Local Government Agencies, Suppliers, Trade References and other persons and entities with past or present relation to the above mentioned. This form also authorizes Global Swift Funding; that when needed, request and/or release personal and business credit information to third parties in order to meet the Funding Contract requirements.

| | | | |
|-----------|-------|------------|------|
| Signature | Title | Print Name | Date |
| | | | |

Please fax signed application together with: Owner(s) Driver's License, 3 months most recent Credit Card Statements and Summaries of 3 additional months together with 3 months of Complete Bank Statements. Missing information or documentation will produce a delay the funding process. Please fax to 1-800-817-1071
 PRIVACY GUARANTEE NO personal or business information will ever be sold or shared with unauthorized third parties.