

Gross Annual Sales (Last Years Tax Return)	Your Average Bank Balance	Monthly Credit Card Volume	Date of Application

List the total VISA/MasterCard processing volumes from the previous four months:	Last Month	Tickets	Two Months Ago	Tickets	Three Months Ago	Tickets	Four Months Ago	Tickets
	\$	#	\$	#	\$	#	\$	#

COMPANY INFORMATION

Legal Company Name:	Legal Entity: <input type="radio"/> Corporation <input type="radio"/> LLC <input type="radio"/> General Partnership <input type="radio"/> LLP <input type="radio"/> Sole Proprietorship <input type="radio"/> Limited Partnership	Credit Card Processor:
DBA (If Applicable) :		Company Type/Industry:
State of Incorporation:		
Federal Tax ID:	8 c 'Mci ' < Uj Y Any Open '7 cbf UWg... : or 7 Ugl ' 5 Xj UbWg#@ Ubg? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Physical Address (No PO Boxes)	Balance of : i bX]b[CcbfUW : i bX]b[Company?	
(Billing Address If Different From Above)	Is Your Business Home Based? <input type="checkbox"/> YES <input type="checkbox"/> NO	
City: State: Zip Code:	Rent or Own:	Monthly Rent:
Company Phone:	Landlord Name:	
Business Inception Date (Under Current Owner):	Landlord Phone:	
Does Your Business Have A Seperate Business Bank Account? <input type="checkbox"/> YES <input type="checkbox"/> NO	Has Your Business Accepted Credit Cards For At Least 3 Months? <input type="checkbox"/> YES <input type="checkbox"/> NO	

OWNER / OFFICER INFORMATION (1)

First Name:	Last Name:
Officer Title:	Email:
Home Phone:	
Cell Phone:	
SS Number:	
Date of Birth:	
Annual Income:	
Home Address (No PO Boxes):	
City:	State:
Zip Code:	Business Ownership %:

OWNER / OFFICER INFORMATION (2)

First Name:	Last Name:
Officer Title:	Email:
Home Phone:	
Cell Phone:	
SS Number:	
Date of Birth:	
Annual Income:	
Home Address (No PO Boxes):	
City:	State:
Zip Code:	Business Ownership %:

By signing below, each of the above listed business and business owner/officer (individually and collectively, "you") authorize VMC Capital LLC ("VMC") 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 and 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 VMC to transmit this application form, 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 VMC and to each of the Recipients, on its own behalf. We certify that all the information contained herein is complete, true and accurate.

Print Name (1):	Date:
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Print Name (2):	Date:
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Signature (1):

Signature (2):

PLEASE INCLUDE THIS COVER PAGE
Every Time You Fax Documents To VMC
And Speed Up Your Approval Time!

What We Need To Get You Approved!

Please Complete Application On Next Page

Please Fax or Email This Page With Your Documents and Signed Application

Fax: (267) 480-5182 Email: docs@vmccapital.com

COMPANY INFORMATION

Company Name:

First Name:

Last Name:

Business Phone:

If you do process credit cards...please send:

- Last four (4) months of business bank statements (all pages needed).
- Last four (4) months of business credit card processing statements.
- Completed, signed and dated application.
- Copy of your driver's license.
- Copy of a voided business check.

If you do not process credit cards...please send:

- Last six (6) months of business bank statements (all pages needed).
- Completed, signed and dated application.
- Copy of your driver's license.
- Copy of a voided business check.

*Seasonal Businesses should send (12) months of business statements (all pages).

Please Complete Application On Next Page