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9603 Deereco Rd, Suite 300 Timonium, MD 21093

Please print clearly in black or blue ink. To avoid delays, provide all requested information.		<b>\$0</b> Application Fees
Legal Business Name:		WE CAN HELP IMPROVE
DBA Name:		YOUR BUSINESS
Physical Address:		_ Help me buy or refinance commercial property
City:	State: Zip:	_ Help me buy or lease equipment
Business Phone:	Fax:	_ Get me guaranteed 24-hour batch deposits
Type of Business: Structure (	LLC, Corp. etc.):	
Time in Business:		_ Help me finance seasonal inventory
Average Monthly Sales:	Credit Card Receipts:	_ Lower my monthly merchant processing costs
9-Digit Federal Tax ID Number:	# of Locations:	_ Get me a free ATM for my location
#of Owners: E-mail:		_ Low cost, high impact direct mail marketing
Amount of Funding Requested:		
<b>Primary Owner Information:</b>		_ Reduce my overdraft/insufficient funds fee
Principal Owner Name:		D.O.B:
Social Security Number:	Home/N	Mobile Phone:
Home Address:	City:	State: Zip:
<b>Secondary Owner Information:</b>		
Secondary Owner Name:		D.O.B
Social Security Number:	Home/N	Mobile Phone:
Home Address:	City:	State: Zip:
<b>Credit Card Processor Informatio</b>	on:	
Processor:	Terminal Type:	Time With Processor:
Do you currently have a merchant cash advance?	Yes No Balance: \$	Lender Name:
Additional Information:		
Landlord Information Name	Number	
Does the business have fluctuating/seasonal sales cycles?	Yes No If yes, what are you	r high season months?
Has your business been for sale in the last 12 months?		s still currently for sale? Yes No
Does the business have an open state or federal tax lien?	·	ent plan been in place for 90 days? Yes No

Applicant(s)s authorize Small Business Advance Capital Inc. and its agents, banks, or partner institutions full disclosure rights to obtain and investigate any

consumer report from a credit bureau or credit agency. Also includes investigating any statement or data obtained from applicants.