

Apply for Funding



5200 Kanan Rd #228
 Agoura Hills, CA 91301
 Tel: 877-233-9440
 Fax: 877-308-6348

www.primedirectivefunding.com

Prime Directive Funding, Inc Qualification Application

Please fill in the spaces below and mail/ fax us the application. By doing so, you are giving Prime Directive Funding, Inc, as well as its agents and affiliates, permission to review your business and personal credit history in order to provide you with formal funding approval.

Business Legal name ("Merchant")		Busienss DBA Name:	
Address:		Suite/Floor:	
City:		State:	
Zip:		Phone:	
Mobile:		Fax:	
Website:		Email:	
Legal Entity: Corp Sole Prop LLC Partnership		Federal State# (Tax ID):	
Years in Bsiness:		Length of Ownership:	
Landlord Name:	Landlord Phone:	Rent Payment:	

Owner(s)/Principal Information

Name:	Date of Birth:	Name:	Date of Birth:
Address:		Address:	
City:	State:	Zip:	City: State: Zip:
Email:		Email:	
% of Ownership:	SSN:	% of Ownership:	SSN:

References/Bank

Bank Name:	Contact:	Phone:
Trade Reference:	Contact:	Phone:
Trade Reference:	Contact:	Phone:

Funding Information

Average Visa/Mastercard Monthly Sales:
Average Monthly Sales:
Have you used a cash advance plan before?: Yes No
Average Ticket Size: Terminal Type: # of Terminals:
Type of Products Sold:

By signing below, the Merchant and its owners / principals: (1) certify that all information and documents submitted in connection with this Application is true, correct and complete; and (2) authorize Prime Directive Funding, Inc, its agents, partners, and lenders to receive credit reports and any other information regarding the Merchant and its owners and principals from third parties, to verify any information provided on the Application.

Signature of Owner #1: _____	Date: _____
Signature of Owner #2: _____	Date: _____

PLEASE FAX BACK TO (877)308-6348