



475 Bement Avenue, Suite 200
 Staten Island, NY 10301
 OFFICE: (516) 200-1879
 FAX: (718) 504-7954
 BSCOTTI@123FUND.NET

Company Information

The Business DBA Name:					
Corporation Name:			Federal ID:		
Entity Type: <input type="checkbox"/> Corp <input type="checkbox"/> LLC <input type="checkbox"/> Sole Prop <input type="checkbox"/> Partnership			Type of Business?		
Business Address:				Suite/Office #:	
City:	State:	ZIP Code:	Preferred Phone: <input type="checkbox"/> Work <input type="checkbox"/> Cell		
Work Phone:	Cell Phone:		Fax:		
Email:		Business Website:			
Product Sold:	Years in Business:		Gross Annual Sales:		
Business Property: <input type="checkbox"/> Rent <input type="checkbox"/> Own	Monthly Rent or MTG Payment (\$):		Term on Lease:		
Do you have a cash advance now? <input type="checkbox"/> Yes <input type="checkbox"/> No		With Whom?		Balance?	

Owner 123 FUND

Owner Full Name:			% of Ownership:		
S.S. #:	Driver's License #:		D.O.B.:		
Personal Credit Score:	Home Address:				
City:	State:	ZIP Code:	Home Phone:		
Personal Email:		Personal Property: <input type="checkbox"/> Rent <input type="checkbox"/> Own		Years at Current Address:	

Co-Applicant/Owner 123 FUND

Co-Owner Full Name:			% of Ownership:		
S.S. #:	Driver's License #:		D.O.B.:		
Personal Credit Score:	Home Address:				
City:	State:	ZIP Code:	Home Phone:		
Personal Email:		Personal Property: <input type="checkbox"/> Rent <input type="checkbox"/> Own		Years at Current Address:	

Authorization

By signing below, I/We certify the information above is true and understand that making false statements might be considered fraud. Applicant(s) named above hereby authorizes 123 FUND its affiliates, assigns, agents, banks or financial institution to obtain a credit report and investigation report with information submitted by applicant for purpose of obtaining a working capital advance. I/ We grant our irrevocable permission to release our confidential information to 123 FUND and/or its affiliated companies. I/We understand this information is being used for their credit underwriting purpose only. Your signature below also serves as consent for 123 FUND and its authorized agents to contact you by phone or email. (Form 123 FUND)

Signature:	Title:	Date:
Signature:	Title:	Date:

Loan amount you're requesting: (include the amount to be paid off from your existing loan/advance) (\$):



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Current Business Capital Advances

(Please list all current loans you have outstanding with estimated balances)

1 st Position Company:	Balance:	Daily or Weekly Payment:
2 nd Position Company:	Balance:	Daily or Weekly Payment:
3 rd Position Company:	Balance:	Daily or Weekly Payment:

Landlord Information: 123 FUND

Company Name:	Contact Name:	
Address:	City:	State:
Phone Number:	Email Address:	

Trade References:

Trade Reference 1 Co.:	Contact Name:	Phone:
Trade Reference 2 Co.:	Contact Name:	Phone:
Trade Reference 3 Co.:	Contact Name:	Phone:

Credit Information:

Permission is also granted to contact any business past, present or future, we may deal with including Banks, Landlord, and Insurance companies we currently use or will use in the future. By my signature below, I certify the information I provided on this form is true and correct. Applicant(s) named above hereby authorizes 123 FUND its affiliates, assigns, agents, banks or financial institution to obtain a credit report and investigation report with information submitted by applicant for purpose of obtaining a working capital advance. I/We grant our irrevocable permission to release our confidential information to 123 FUND and/or its affiliated companies. I/We understand this information is being used for their credit underwriting purpose only. I agree that this Disclosure and Authorization form in original, faxed, photocopied or electronic (including electronically signed) form, will be valid for any reports that may be requested by or on behalf of the Company.

OWNER	Open Judgements? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how much?
Bankruptcy in the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, date of discharge?
Signature:	Title:	Date:
Print Name:		
CO-OWNER	Open Judgements? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how much?
Bankruptcy in the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, date of discharge?
Signature:	Title:	Date:
Print Name:		

ATTN: BRUNO SCOTTI | Fax: (718) 504-7954