



American Microloan

2115 Linwood Avenue, 4<sup>th</sup> Fl, Fort Lee, New Jersey 07024  
Toll Free: 866 CASH 456 (866-227-4456) Fax: 201-292-8172  
www.AmericanMicroloan.com

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## **Instruction for Credit Card Receivable Financing Application**

### **Documents to Send/Fax**

1. Completed **Application** for Credit Card Receivable Financing (Signature(s) Required)
2. Photocopy of Principal Owner(s)' **Driver's License(s)** - Driver's License is very difficult to read when faxed. Please make an enlarged copy before faxing if possible. If you have a scanner, please scan it and e-mail it to "CS@AmericanMicroloan.com".
3. Copy of a **voided check** from the business bank account.
4. Four Months **Merchant Processing Statements** in Full.
5. One Month **Bank Statement** in Full



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## Application for Credit Card Receivable Financing

Date: \_\_\_\_\_ Referred by: \_\_\_\_\_

### Applicant Information

Legal Business Name: \_\_\_\_\_

Doing Business As: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Federal Tax ID: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Own/Lease:  Own  Lease

Facsimile No: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Accountant: \_\_\_\_\_ Accountant's Phone: \_\_\_\_\_

Legal Entity Type:  Corporation  Limited Liability Company  
 General Partnership  Limited Partnership  Sole Proprietorship

# of years under the Current Management: \_\_\_\_\_ years State of Incorporation/Organization: \_\_\_\_\_

Type/Description of Business: \_\_\_\_\_

Additional Location Address if Any: \_\_\_\_\_

Landlord/Mortgage Co: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Current Term: From: \_\_\_\_\_ To: \_\_\_\_\_ Monthly Pmt \$: \_\_\_\_\_

Option to Renew: # of Options: \_\_\_\_\_ Years: \_\_\_\_\_ Payment Current?:  Yes  No

Approx. Square Footage: \_\_\_\_\_ # of Employees: \_\_\_\_\_

**Average Monthly Sales Info:** Cash/Check \$ \_\_\_\_\_,000.<sup>00</sup> Amex \$ \_\_\_\_\_,000.<sup>00</sup>  
(Round to the nearest thousands) VS/MC \$ \_\_\_\_\_,000.<sup>00</sup> Other \$ \_\_\_\_\_,000.<sup>00</sup>

Is Your Business Seasonal? :  Yes  No Month High Season Begins and Ends: \_\_\_\_\_ to \_\_\_\_\_

Name of the Credit Card Processor: \_\_\_\_\_ Telephone No: \_\_\_\_\_

# of Credit Card Terminals at this Location: \_\_\_\_\_ Does the Applicant have Multiple Merchant Accounts :  Yes  No

Name of P.O.S. if Any: \_\_\_\_\_ P.O.S. Vendor Phone No: \_\_\_\_\_

Has Applicant or any of its Affiliates ever been in Bankruptcy? :  Yes  No State: \_\_\_\_\_

Are any Judgments, Suits or Liens Pending against the Applicant? :  Yes  No

### Financing Information

Desired Amount : \$ \_\_\_\_\_,000.<sup>00</sup> Minimum Amount of the Request: \$ \_\_\_\_\_,000.<sup>00</sup>

Purpose of Proceeds: \_\_\_\_\_

Does the Applicant Currently have Outstanding Advance with other **Cash Advance/Funding Companies**? :  Yes  No

Name of the Cash Advance Company: \_\_\_\_\_ Date of Funding: \_\_\_\_\_

Original Funding Amount: \_\_\_\_\_ Current Balance: \_\_\_\_\_ Daily Holdback %: \_\_\_\_\_ %



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Does the Applicant Currently have Outstanding Loan with **Traditional Banks/SBA Lender?** :  Yes  No

Name of the Bank: \_\_\_\_\_ Date of Loan: \_\_\_\_\_

Original Loan Amount: \_\_\_\_\_ Current Balance: \_\_\_\_\_ Due Date: \_\_\_\_\_

**Banking Information**

Name of the Bank: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone No: \_\_\_\_\_

The information contained in this application is provided to **American Microloan, LLC** (“AML”) for the purpose of obtaining, or maintaining credit with AML for the Applicant. The Applicant understands that AML is relying on this information in deciding to grant or continue credit to the Applicant. The Applicant represents and warrants that the information provided is true and complete. AML may consider this loan application to be true and correct until we notify the Applicant in writing of a change. AML, its assigns, agents, banks, or financial institution is authorized to make all inquires necessary to verify the accuracy of these statements and to determine the Applicant’s and the principal owner’s credit worthiness. AML, its assigns, agents, banks, or financial institution is authorized to answer questions about AML’s credit experience with the Applicant.

Agreed & Accepted

**Principal #1**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Residence Address: \_\_\_\_\_ Residence Phone: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Length at Residence: \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Ownership Percentage: \_\_\_\_\_ %

**Signature:** \_\_\_\_\_ Date : \_\_\_\_\_

**Principal #2**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Residence Address: \_\_\_\_\_ Residence Phone: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Length at Residence: \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Ownership Percentage: \_\_\_\_\_ %

**Signature:** \_\_\_\_\_ Date : \_\_\_\_\_