



American Microloan

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

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 \$ _____,000.⁰⁰ Amex \$ _____,000.⁰⁰
(Round to the nearest thousands) VS/MC \$ _____,000.⁰⁰ Other \$ _____,000.⁰⁰

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 : \$ _____,000.⁰⁰ Minimum Amount of the Request: \$ _____,000.⁰⁰

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 : _____