

Fortune Funding Concierge



Fortune Funding Concierge

Tel: (888) 853-8635 Fax: (404) 596-8335

APPLICATION CHECKLIST

PREPARED FOR:	Additional Notes/Comments:
Account Executive:	
Phone Number:	
Fax Number:	
Program Applying For:	
Merchant Cash Advance Business Loans	Line of Credit Term Loans SBA Loans
The following is a checklist to complete your working Capital App	plication.
PART I: Documents Enclosed	
This section lists the following applications contained in this package.	
Working Capital Information Sheet: 1 Page	
PART II: Additional Documents Required This section will deal with a list of materials we need you to provide to	us Please and us ALL of the information listed below
A copy of a voided check	us. Flease send us ALL of the information listed below.
A copy of Driver's License for each signat	IIVA (Everyone who has signed an application)
* An enlarged copy will help the clarity and expedi	
Last 4 month's business ba <mark>nk</mark> statement (all pages)
Complete Merchant Processing Statement	ts for the last 4 months
We need to see the summary sec <mark>tio</mark> n as well as d	aily transactions.
Proof of Ownership:	
For Corporations, LLC's or Partnerships: Can be obtained by calling the IRS at: 1-800-829-	
	ys the Business Owner name(s) and Percentage(s) of n, LLC Member Agreement, Tax Return Schedule, etc.)
Food/Beverage merchants please include	
Are you currently in a Cash Advance Program? Yes No	
	ent from your current cash advance provider.
Name of cash advance provider:	

In order for your application to be processed in full, all items must be sent back and completed with signatures. Should you have further questions, please contact your account executive.



Fortune Funding Concierge

Tel: (888) 853-8635 Fax: (404) 596-8335

Signature

FFC Rep

Retail Wholesale Business Services Consumer Services Restaurant /Bar Other Website MERCHANT/OWNER INFORMATION Name: Title: Length of Ownership: Years Month Home Address: City: State: Zip Code: Ownership %: Date of Birth: Social Security: Home: Phone: Phone: Driver License: PARTNER INFORMATION (Required if less than 51% Ownership.) Name: Title: Length of Ownership: Years Month Home Address: City: State: Zip Code: Ownership %: Date of Birth: Social Security: Phone: Years Month Home Address: City: State: Zip Code: Ownership %: Date of Birth: Social Security: Phone: Driver License: BUSINESS PROPERTY INFORMATION Landlord/Mortgage Bank: Contact Name and/or Account Number: Phone: Phone: Fax: BUSINESS TRADE REFERENCES Business Name: Contact Name/Account Number: Phone: Fax:	BUSINESS INFORMATION										
Mailing Address; International private international propertion (in the private international propertion propertion propertion propertion (in the propertion propertion) Date Business Started: State of Incorporation: Product/Service Sold: Product/Service Sold	Legal/Corporate Name:										
Fax Number:	Physical Address:			City:			State:		Zip Code:		
Product/Service Sold: State of Incorporation: Product/Service Sold: Sole Proprietor Partnership Corporation LLC Other Franchise Contact Info: Product/Service Sold: Product/Serv				City:			State:	Zip Code:			
Sole Proprietor Partnership Corporation LLC Other Franchise Contact Info: Franchise Contact Info: Partnership Partnership Corporation LLC Other Franchise Contact Info: Partnership Pa	Phone Number:	Fax Number:		Email:			Title:				
Have you contemplated filing bankruptcy or have you spoken with an attorney or financial advisor regarding filing bankruptcy in the past 12 months?	Federal Tax ID:	Date Business Star	State of Incorporation: Pro			oduct/Service Sold:					
Retail Wholesale Business Services Consumer Services Restaurant /Bar Other Website MERCHANT/OWNER INFORMATION Name: Title: Length of Ownership: Years Month Home Address: City: State: Zip Code: Ownership %: PARTNER INFORMATION (Required if less than 51% Ownership.) Name: Title: Length of Ownership: Driver License: PARTNER INFORMATION (Required if less than 51% Ownership.) Name: Title: Length of Ownership: Years Month Home Address: City: State: Zip Code: Ownership %: Date of Birth: Social Security: Home Phone: Cell Phone: Driver License: Phone: Phone: Phone: Phone: Phone Number: BUSINESS PROPERTY INFORMATION Landlord/Mortgage Bank: Contact Name and/or Account Number: Phone Number: Date Lease Ends: Business Name: Contact Name/Account Number: Phone: Fax: Business Name: Contact Name/Account Number: Phone: Fax: CREDIT CARD PROCESSING INFORMATION Current Processing Company: Terminal Type/POS system: # of Terminals: Phone Number: Total Gross Sales: \$ Do you close the business during part of the year? Yes No Prior/Current Cash Advance Company: Current Balance: \$ Contract Balance: Contract Sah Advance Company: Current Balance: \$ Current Processing Company: Current Balance: \$ Current Processing Company: Yes No Prior/Current Cash Advance Company: Current Balance: \$ Current Processing Company: Current Balance: \$ Current Processing Company: Yes No Prior/Current Cash Advance Company: Current Balance: \$ Current Processing Company: Yes No Prior/Current Cash Advance Company: Current Balance: \$ Current Processing Company: Yes No Prior/Current Cash Advance Company: Current Balance: \$ Current Processing Company: Yes No Prior/Current Cash Advance Company: Current Balance: \$ Current Processing Company: Yes No Prior/Current Cash Advance Company: Current Balance: \$ Current Processing Company: Yes No Prior/Current Cash Advance Company: Current Balance: \$ Current Processing Company: Yes No Prior/Current Cash Advance Comp	Sole Proprietor Partnership	Corporation	on LLC Other Fran			ranchise Contact Info	chise Contact Info:				
MERCHANT/OWNER INFORMATION Name: Title: Length of Ownership: Years Monther Member Years Years Monther Member Years Yea	Have you contemplated filing bankruptcy or ha	ve you spoken with a	an attorney or financ	ial advis	or regarding	g filing bankruptcy in t	he past 12 m	onths?	Yes	☐ No	
Name: Title: Length of Ownership:	Retail Wholesale Busines	s Services C	Consumer Services	F	Restaurant /I	Bar Other W	ebsite				
Home Address: Date of Birth: Social Security: PARTNER INFORMATION (Required if less than 51% Ownership.) Name: Title: Length of Ownership: Years Month Home Address: City: State: Zip Code: Ownership %: Driver License: Month Home Address: City: State: Zip Code: Ownership %: Month Monthly Rent/Mortgage: Business Name: Contact Name/Account Number: Phone: Contact Name/Account Number: Phone: Phone: Fax: CREDIT CARD PROCESSING INFORMATION Current Processing Company: Phone Number: Advance Amount: \$ Phorior/Current Cash Advance Company: Profor/Current Cash Advance Company: Current Balance: \$	MERCHANT/OWNER INFORMAT	ON				,					
Date of Birth: Social Security:	Name:		Title:	Length		Length of Ownershi	gth of Ownership:Y		Years Months		
PARTNER INFORMATION (Required if less than 51% Ownership.) Name: Title: Length of Ownership: Years Mont Home Address: City: State: Zip Code: Ownership %: Date of Birth: Social Security: Home Phone: Phone: Driver License: BUSINESS PROPERTY INFORMATION Landlord/Mortgage Bank: Contact Name and/or Account Number: Phone Number: Own/Lease: Time at this Location: Years Months Monthly Rent/Mortgage: \$ Date Lease Ends: BUSINESS TRADE REFERENCES Business Name: Contact Name/Account Number: Phone: Fax: Business Name: Contact Name/Account Number: Phone: Fax: CREDIT CARD PROCESSING INFORMATION Current Processing Company: Terminal Type/POS system: # of Terminals: Phone Number: Advance Amount: \$ Total Gross Sales: \$ Do you close the business during part of the year? Yes No Prior/Current Cash Advance Company: Current Balance: \$	Home Address:		City:			State:	Zip Code:		Ownership) %:	
Name: Title: Length of Ownership:											
Home Address: Date of Birth: Social Security: BUSINESS PROPERTY INFORMATION Landlord/Mortgage Bank: Contact Name and/or Account Number: Phone Number: Own/Lease: Time at this Location: Years Months Monthly Rent/Mortgage: BUSINESS TRADE REFERENCES Business Name: Contact Name/Account Number: Phone: Fax: Business Name: Contact Name/Account Number: Phone: Fax: CREDIT CARD PROCESSING INFORMATION Current Processing Company: Terminal Type/POS system: Advance Amount: Do you close the business during part of the year? Yes No Prior/Current Cash Advance Company: Current Balance: Current Balance: Current Balance: Current Balance:	PARTNER INFORMATION (Require	d if less than 51%	Ownership.)								
Date of Birth: Social Security:	Name:		Title:			Length of Ownersh	p:	Year	rs	Months	
BUSINESS PROPERTY INFORMATION Landlord/Mortgage Bank: Contact Name and/or Account Number: Phone: Phone: Phone License:	Home Address:		City:			State:	Zip Code:		Ownership) %:	
Contact Name and/or Account Number: Own/Lease: Time at this Location:YearsMonths	Date of Birth: Social Security:					Cell Phone:	Cell Phone:				
Own/Lease: Time at this Location:	BUSINESS PROPERTY INFORMA	ATION	•					·			
BUSINESS TRADE REFERENCES Business Name: Contact Name/Account Number: Phone: Fax: Business Name: Contact Name/Account Number: Phone: Fax: CREDIT CARD PROCESSING INFORMATION Current Processing Company: Terminal Type/POS system: # of Terminals: Phone Number: Advance Amount: \$ Total Gross Sales: \$ Do you close the business during part of the year? Yes No Prior/Current Cash Advance Company: Current Balance: \$	Landlord/Mortgage Bank:	С	Contact Name and/or	r Accour	nt Number:		Phone	Number	:		
Business Name: Contact Name/Account Number: Phone: Phone: Fax: Contact Name/Account Number: Phone: Phone: Fax: CREDIT CARD PROCESSING INFORMATION Current Processing Company: Terminal Type/POS system: # of Terminals: Phone Number: Advance Amount: \$ Total Gross Sales: \$ Current Balance: \$	Own/Lease:	me at this Location:	Years		Months	Monthly Rent/Mo	ortgage: \$				
Business Name: CREDIT CARD PROCESSING INFORMATION Current Processing Company: Terminal Type/POS system: # of Terminals: Phone Number: Advance Amount: \$ Total Gross Sales: \$ Do you close the business during part of the year? Yes No Prior/Current Cash Advance Company: Current Balance: \$	BUSINESS TRADE REFERENCE	S									
CREDIT CARD PROCESSING INFORMATION Current Processing Company: Terminal Type/POS system: # of Terminals: Advance Amount: \$ Total Gross Sales: \$ Do you close the business during part of the year? Yes No Prior/Current Cash Advance Company: Current Balance: \$	Business Name:	Contact Name/Acr	Contact Name/Account Number:		Р	Phone:		Fax:			
Current Processing Company: Terminal Type/POS system: # of Terminals: Phone Number: Advance Amount: \$ Total Gross Sales: \$ Do you close the business during part of the year? Yes No Prior/Current Cash Advance Company: Current Balance: \$	Business Name:	Contact Name/Ac	e/Account Number:		Р	hone:		Fax:			
Phone Number: Advance Amount: \$ Total Gross Sales: \$ Do you close the business during part of the year? Yes No Prior/Current Cash Advance Company: Current Balance: \$	CREDIT CARD PROCESSING INF	ORMATION			•			•			
Do you close the business during part of the year? Yes No Prior/Current Cash Advance Company: Current Balance: \$	Current Processing Company:		Terminal Type/POS	S syster	n:			# of Te	erminals:		
Advance Company:	Phone Number: Advance		Advance Amount:	vance Amount: \$			Total Gross Sale		es: \$		
Any open State/Federal Tax Liens against business or owner?								Balance: \$			
Details: Details:		ness or owner?	Yes No	1 '		lgements pending aga	ainst busines	s or own	er? Yes	s No	
BUSINESS INFORMATION	BUSINESS INFORMATION			•							
Sales Profile (Must equal 100%) Card Swiped:% + Manually Keyed with imprint:% + Mail/Telephone Order:% + Internet Order:% = 100%	Sales Profile (Must equal 100%) Card Swiped	:% + Manual	lly Keyed with imprin	nt:	% + Mail/	Telephone Order:	% + Inter	net Orde	er:%	= 100%	
Does merchant accept transactions before the customer receives product or services? Yes No % of sales in this category:%	Does merchant accept transactions before the customer receives product or services?					o % of sales in th	% of sales in this category:%				
How long does customer wait before product is received? % of cost that is prepayment:%	How long does customer wait before product is received?					% of cost that i	% of cost that is prepayment:%				
Does merchant offer warranties, dues, subscriptions, memberships or other extended services?	Does merchant offer warranties, dues, subscriptions, memberships or other extended services? Yes No					o Duration of ext	Duration of extended services/benefits (in weeks):				
Is the merchant seasonal? Yes No If yes, list peak months: From to	Is the merchant seasonal? Yes	No If yes, list p	oeak months: From _		t	0					
Monthly Visa/MasterCard Volume: Average Ticket: High Ticket:	Monthly Visa/MasterCard Volume: Average Ticket:						High Ticket:				
APPLICANT AUTHORIZES AGENT ITS ASSIGNEES, AGENTS, BANKS OR FINANCIAL INSTITUTIONS TO OBTAIN AN INVESTIGATIVE REPORT FROM CREDIT BUREAUS OR CREDIT AGENCIES, AND ALSO TO INVESTIGATE THE TRADE REFERE LANDLORD AND ANY OTHER REFERENCES PROVIDED ON THIS APPLICATION OR ANY OTHER DOCUMENTS SUBMITTED BY APPLICANT AND APPLICANT'S NAMED OFFICER OR OWNER FOR THE PURPOSES OF OBTAINING FUNDING. Signature Title Print Name Dat	ANDLORD AND ANY OTHER REFERENCES PROVIDED ON THIS A		DOCUMENTS SUBMITTED E			ANT'S NAMED OFFICER OR O	WNER FOR THE P				



SBA LOAN PRODUCT LOAN REQUIREMENTS:

We accept merchants who have:

- Been in business 2+ years
- A minimum of 10 deposits per month
 (A maximum of 5 NSF's in a month/ A minimum of 3 negative days)
- MAINTAIN an average daily balance of \$3,000
- At least \$10,000 in monthly revenue

NEEDED TO APPLY

- Most recent 12 months' bank statements (REQUIRED WITH APP)
- Most recent 2 years Return (REQUIRED WITH APP)
- Voided business check
- Driver's License I.D.
- P&L and Balance sheet
- Debt Schedule

SBA LOAN PRODUCT

LOAN SIZE \$70,000 TO \$10 Million

TERM 1 year to 10 years

PAYMENT Monthly

PAY PERIOD Monthly

PAYMENT METHOD Direct ACH debit from business bank account

SECURITY Personal Guaranty *100% ownership

PRE-APPROVAL TIME 24-48 hours

FIRM OFFER TIMING 24-48 hours

FUNDING TIME 30-45 days



TERM LOAN REQUIREMENTS:

We accept merchants who have:

- Been in business 2+ years
- A minimum of 10 deposits per month (A maximum of 5 NSF's in a month/ A minimum of 3 negative days)
- MAINTAIN an average daily balance of \$3,000
- At least \$10,000 in monthly revenue

NEEDED TO APPLY

- Most recent 12 months' bank statements (REQUIRED WITH APP)
- Most recent 2 years Return (REQUIRED WITH APP)
- Voided business check
- Driver's License I.D.
- Profit & Loss Statement
- Balance Sheet
- Debt Schedule

TERM LOAN PRODUCT

LOAN SIZE \$25,000 TO \$5 Million

TERM 1 year to 5 years

PAYMENT Bi-Weekly or Monthly

PAY PERIOD Bi-Weekly or Monthly

PAYMENT METHOD Direct ACH debit from business bank account

SECURITY Personal Guaranty *100% ownership

PRE-APPROVAL TIME Instant

FIRM OFFER TIMING 24 hours

FUNDING TIME 7 business days

LINE OF CREDIT PRODUCT LOAN REQUIREMENTS:

We accept merchants who have:

- Been in business 1+ years
- A minimum of 10 deposits per month (A maximum of 5 NSF's in a month/ A minimum of 3 negative days)
- MAINTAIN an average daily balance of \$1,000
- At least \$10,000 in monthly revenue

NEEDED TO APPLY

- Most recent 3 months' bank statements (REQUIRED WITH APP)
- Voided business check
- Driver's License I.D.

LINE OF CREDIT LOAN PRODUCT

LOAN SIZE \$10,000 TO \$250,000

TERM 12 months

PAYMENT Weekly - Monthly

PAY PERIOD Weekly - Monthly

PAYMENT METHOD Direct ACH debit from business bank account

SECURITY Personal Guaranty *80% ownership

PRE-APPROVAL TIME Instant to 1 hour

FIRM OFFER TIMING Instant

FUNDING TIME Next Day



MCA/BUSINESS LOAN REQUIREMENTS:

We accept merchants who have:

- Been in business 3 months to 1 year
- A minimum of 10 deposits per month
 (A maximum of 5 NSF's in a month/ A minimum of 3 negative days)
- MAINTAIN an average daily balance of \$1,000
- At least \$10,000 in monthly revenue

NEEDED TO APPLY

- Most recent 12 months' bank statements (REQUIRED WITH APP)
- Most recent full year Tax Return (REQUIRED FOR LOANS OVER 100 K)
- Voided business check
- Driver's License I.D.

MCA/BUSINESS LOAN PRODUCT

LOAN SIZE \$10,000 TO \$2 Million

TERM 6, 9, 12 & 15 months

PAYMENT Fixed daily or weekly payments

PAY PERIOD Daily: M-F or Weekly: W *excluding holidays

PAYMENT METHOD Direct ACH debit from business bank account

SECURITY Personal Guaranty *100% ownership

PRE-APPROVAL TIME Instant

FIRM OFFER TIMING 8-12 business hours

FUNDING TIME As quick as 24-48 hours