



Funding Application

MyEasyCapital
165 Broadway 23rd Floor
New York NY 10006
888-848-7868

ABOUT YOUR BUSINESS

LEGAL COMPANY NAME: _____

OTHER TRADE NAMES AND DBAs: _____

BUSINESS ADDRESS: _____ BUS. EMAIL: _____

CITY: _____ STATE: _____ ZIP: _____

WORK PHONE: _____ FAX NUMBER: _____ WEBSITE: _____

FED TAX ID #: _____ LENGTH OF OWNERSHIP: _____ CORP INDIVIDUAL LLC PARTNERSHIP

INDUSTRY: _____ DATE BUSINESS ESTABLISHED: _____ HOME BASED? YES NO

COMPANY DESCRIPTION: _____

PURPOSE OF FUNDING: _____

LANDLORD CONTACT NAME: _____

LANDLORD PHONE #: _____ MONTHLY RENT/MORTGAGE AMOUNT: _____

ABOUT YOUR FINANCES

AVG. GROSS MONTHLY SALES: _____ AVG. MONTHLY CREDIT CARD SALES: _____

HOW MUCH FUNDING DO YOU NEED? _____ DO YOU HAVE AN OPEN BANKRUPTCY? YES NO

DO YOU HAVE AN OPEN TAX LIEN? YES NO IF YES, ARE YOU ON A PAYMENT PLAN? YES NO HOW MUCH? \$ _____

HAVE YOU TAKEN A CASH ADVANCE OR LINE OF CREDIT IN THE PAST 120 DAYS? YES NO IF YES, WITH WHOM? _____ CURRENT BALANCE: \$ _____

ABOUT YOUR OWNERSHIP

OWNER NAME: _____ CO-OWNER NAME: _____

ADDRESS: _____ ADDRESS: _____

CITY: _____ CITY: _____

STATE: _____ ZIP: _____ STATE: _____ ZIP: _____

PHONE: _____ PHONE: _____

EMAIL: _____ EMAIL: _____

% OWNERSHIP: _____ % OWNERSHIP: _____

DATE OF BIRTH: _____ DATE OF BIRTH: _____

SSN#: _____ DRIVER LICENSE #: _____ SSN#: _____ DRIVER LICENSE #: _____

By signing below, each of the above-listed business and business owner/officer (individually and collectively, "you") authorize MY EASY CAPITAL and each of its representatives, successors, assigns and designees ("Recipients") that may be involved with or acquire commercial loans having daily repayment features or purchases of future receivables including Merchant Cash Advance transactions, including without limitation the application therefor (collectively, "Transactions") to obtain consumer or personal, business and investigative reports and other information about you, including credit card processor statements and bank statements, from one or more consumer reporting agencies, such as TransUnion, Experian and Equifax, and from other credit bureaus, banks, creditors and other third parties. You also authorize MEC to transmit this application along with any of the foregoing information obtained in connection with this application, to any or all of the Recipients for the foregoing purposes. You also consent to the release, by any creditor or financial institution, form, of any information relating to any of you, to MEC and to each of the Recipients, on its own behalf.

OWNER: **SIGN HERE** _____ CO-OWNER: **SIGN HERE** _____

DATE: _____ DATE: _____

SEND TO >

info@myeasycapital.com
funding@myeasycapital.com

