



### Merchant Pre-Qualification Form

<b>Business Legal Name</b>	<b>DBA</b>	<b>Federal Tax ID</b>
<b>Legal Entity Type</b> (Check one): <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Partnership <input type="checkbox"/> Ltd. Partnership <input type="checkbox"/> Sole Prop <input type="checkbox"/> Other		

<b>State of Incorporation</b>	<b>Business Start Date</b>	<b>Use of Proceeds</b> (Describe)
<b>Does the Merchant have any open MCA or loan account(s)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Details:</b>		

<b>Physical Business Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Physical Location Phone #</b>
<b>Billing Business Street Address</b> (If different than above)	<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Billing Location Phone #</b>
<b>Business Location(s):</b> <input type="checkbox"/> Owned <input type="checkbox"/> Rented <input type="checkbox"/> Mortgaged			<b>Monthly Payment \$:</b>	

<b>* Owner 1 / Officer 1</b>	<b>Primary Contact</b> <input type="checkbox"/>	<b>Percentage owned:</b>	<b>Email Address:</b>
------------------------------	---	--------------------------	-----------------------

<b>First Name</b>	<b>Last Name</b>	<b>SS#:</b>	<b>Date of Birth</b>	<b>Cell phone #</b>
-------------------	------------------	-------------	----------------------	---------------------

<b>Residential Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Home Phone #</b>
-----------------------------------	-------------	--------------	-----------------	---------------------

<b>* Owner 2 / Officer 2</b>	<b>Primary Contact</b> <input type="checkbox"/>	<b>Percentage owned:</b>	<b>Email Address:</b>
------------------------------	---	--------------------------	-----------------------

<b>First Name</b>	<b>Last Name</b>	<b>SS#:</b>	<b>Date of Birth</b>	<b>Cell phone #</b>
-------------------	------------------	-------------	----------------------	---------------------

<b>Residential Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Home Phone #</b>
-----------------------------------	-------------	--------------	-----------------	---------------------

**AUTHORIZATIONS** - By signing below, each of the above listed business and business owner/officer (individually and collectively, "you") authorize AMZ Capital LLC ("AMZ") 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 AMZ to transmit this application form, 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, of any information relating to any of you, to AMZ and to each of the Recipients, on its own behalf." Owner(s) and business ("you") understand that if this business credit request is approved, your payment obligations can be made through ACH debits by lender/purchaser or its designee from your bank account. By signing below, you hereby authorize lender/purchaser or its designee to initiate an ACH test debit from the bank account designated below to confirm that if this credit request is approved, payment processing will proceed as agreed. The test debit will be in a random amount but in no event more than \$1.00.

<b>Owner 1 / Officer 1 Signature</b>	<b>Owner 1 / Officer 1 Name (Print)</b>	<b>Date</b>
--------------------------------------	---	-------------

<b>Owner 2 / Officer 2 Signature</b>	<b>Owner 2 / Officer 2 Name (Print)</b>	<b>Date</b>
--------------------------------------	---	-------------

<b>Landlord Name</b>	<b>Landlord Contact #</b>
----------------------	---------------------------

<b>Is your business seasonal?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If yes, what are the peak months?</b>
--	--

<b>Any open bankruptcies?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Any judgments / liens?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

<b>Business Trade Reference #1:</b> _____	<b>Phone #:</b> _____
---	-----------------------

<b>Business Trade Reference #2:</b> _____	<b>Phone #:</b> _____
---	-----------------------