



Fax to: 866-295-8391
Phone Number: 866-311-5463

PRINCIPIS CAPITAL MERCHANT APPLICATION

BUSINESS INFORMATION

Legal/Corporate Name		DBA	
Physical Address		City	State Zip Code
Mailing Address (If different from physical address)		City	State Zip Code
Telephone Number (____) ____ - ____	Fax Number (____) ____ - ____	Email Address	
State of Incorporation	Federal Tax ID	Date Business Started (mo/day/yr) __/__/____	Hours of Operation
Type of Entity (Select One) <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other		Product/Service Sold	
Type of Business (Select One) <input type="checkbox"/> Retail <input type="checkbox"/> Wholesale <input type="checkbox"/> Business Services <input type="checkbox"/> Consumer Services <input type="checkbox"/> Restaurant/Bar <input type="checkbox"/> Other			Website Address

CREDIT CARD VOLUME: Please fill-in the net sales for the most recent 4 calendar months

Month:				
Net Sales:				

MERCHANT/OWNER INFORMATION

Corporate Officer/Owner Name		Title		Length of Ownership ____ Years and ____ Months	
Home Address		City	State	Zip Code	Ownership %
Date of Birth(month/day/year) __/__/____	Social Security Number ____ - ____ - ____	Home Phone Number (____) ____ - ____		Cell Phone Number (____) ____ - ____	

PARTNER INFORMATION (Required if less than 51% ownership)

Corporate Officer/Owner Name		Title		Length of Ownership ____ Years and ____ Months	
Home Address		City	State	Zip Code	Ownership %
Date of Birth(month/day/year) __/__/____	Social Security Number ____ - ____ - ____	Home Phone Number (____) ____ - ____		Cell Phone Number (____) ____ - ____	

BUSINESS PROPERTY INFORMATION

Own/Lease	Time at This Location ____ Years ____ Months	Monthly Rent or Mortgage \$	Date Lease Ends(month/day/year) __/__/____
Business Landlord or Mortgage Bank	Contact Name and/or Account No.		Office/Mobile Number (____) ____ - ____

FINANCING INFORMATION

Requested Advance Amount \$	Prior/Current Cash Advance Company (if applicable)	Current Balance \$ (if applicable)
--------------------------------	---	---------------------------------------

Applicant authorizes PRINCIPIS CAPITAL LLC its assigns, agents, bank or financial institutions to obtain and investigative or consumer report from a credit bureau or a credit agency and to investigate the references given on any other statement or data obtained from applicant.

_____/_____/_____
Applicant's Signature Date Co-Signature Date