

# Family Direct Capital, LLC

*Our family lending to your small business family*

Phone & Fax:  
(860) 509-4224  
500 Four Rod Road  
Suite 101A  
Berlin, CT 06037  
application@familydirectcapital.com

## 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	Date Business Started (m/d/y)	State of Incorporation	Federal Tax ID
Fax Number	Hours of Operation	Product/Service Sold	
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		Email Address	
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	

## 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	Driver's License Number	Cell Phone Number	

## PARTNER 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	Driver's License 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

## BUSINESS TRADE REFERENCES

Business Name	Contact or Account Number	Phone Number	Fax Number
Business Name	Contact or Account Number	Phone Number	Fax Number
Business Name	Contact or Account Number	Phone Number	Fax Number

## OTHER INFORMATION

Current Processing Company	No. of terms	Average Monthly Credit Card Sales \$	Average Monthly Total Sales (Cash, Check and Credit) \$
Requested Advance Amount \$	Requested Daily Withholding credit card receipts) ____ %	Highest Volume Months (please circle months, or N/A if no seasonality) Jan Feb Mar Apr May June July Aug Sep Oct Nov Dec N/A	
Prior/Current Cash Advance Company	Current Balance \$	Do you usually close the business during part of the year? <input type="checkbox"/> Yes <input type="checkbox"/> No Details:	
Any open State/Federal Tax Liens Against Business or Owner? <input type="checkbox"/> Yes <input type="checkbox"/> No Details:		Any Lawsuits or Judgments Pending against Business or Owner? <input type="checkbox"/> Yes <input type="checkbox"/> No Details:	

Applicant(s) authorizes Family Direct Capital, LLC, its agents, banks or financial institutions to obtain a personal and business credit report from any credit bureau or a credit agency and authorizes Family Direct Capital, LLC to investigate the references given on this and any other statement or data obtained from this application.

Applicant's Signature

Date

Co-Signature

Date

SIGN HERE