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MONBERG CAPITAL PARTNERS

Business Information			
Business Legal Name:		Fictitious Business Name (DBA):	
Business Physical Address:		City:	State: Zip:
Business Mailing Address:		City:	State: Zip:
Business Phone Number:		Business Fax Number	
Business Website URL:		Company Email:	
Entity Type:		Federal Tax ID:	State of Incorporation:
Date Business Established:	Is Business Seasonal? Y/N	Type of Business:	Product/Services Sold?
Processing and Funding Details			
Avg Monthly VISA/Mastercard Sales:	Avg Monthly Total Sales:	Avg Ticket Size:	Highest Ticket:
Desired Capital Needed:	Minimum Capital Needed:	Current Processing Company:	Purpose/Use of Capital Needed:
Landlord Information			
Landlord's Name:	Landlord's Phone Number:	Rent/Lease Payment	
Business Owner(s) Information			
Principle (1) Name:	Home Address:	City:	State: Zip:
Home Phone Number:	Mobile Phone Number:	Email:	
Date of Birth:	Social Security Number:	Ownership %:	
Principle (2) Name:	Home Address:	City:	State: Zip:
Home Phone Number:	Mobile Phone Number:	Email:	
Date of Birth:	Social Security Number:	Ownership %:	
Background Information			
Does the company have any business financing?	No	Yes, list balances:	
Are there any Federal and/or State taxes passed due?	No	Yes, please explain:	
Are there any Federal and/or State tax lien(s) filed for bankruptcy?	No	Yes, please explain:	
Has this Company or its Principals ever filed for bankruptcy?	No	Yes, please explain:	
Statement of Accuracy and Authorization			
I hereby represent that all the above information is true and understand that making false statements might be considered fraud. By providing the above information, the applicant(s) authorize you to whom this application is made or your agents to investigate my/our financial responsibility and credit worthiness, specifically principal and corporate entities, and will provide financial statements, tax returns, etc. as you deem necessary. A photocopy of this authorization will be deemed as acceptable for release of credit information. I/we authorize to receive pertinent information regarding the commercial lease for the above referenced location from my leasing company and or agent. I/we authorize you to update my/our credit profile from time to time in the future, as you deem appropriate.			
Signature Panel(s)			
Printed Name of Principle 1:	Signature of Principle (1):	Date:	
Printed Name of Principle 2:	Signature of Principle (2):	Date:	