Working | Financial | Solutions

Merchant Pre-Qualification Form

Working Financial Solutions
Direct Dial: 215-275-4041
Direct Dial:267-738-1656
Fax: 877-702-6430

Business Legal Name: x		**Business DBA Name:** x		
Type of Business Entity (Check One): x ☐Corporation ☐LLC ☐Partnership ☐Ltd. Partnership ☐LLP ☐Sole Proprietor	**Primary Business Structure:** (Check All That Apply): x ☐Home-Based Business ☐Franchise ☐E-Commerce ☐None of the Above	**Does the Merchant have any open MCA or loan accounts?** x (Check one): ☐Yes ☐ No	**Federal Employer ID Number:** x	
Industry Type: (Describe)	**Current Credit Card Processor:** x	**State of Incorporation:** x	**Use of Proceeds:**	**Business start date under current Ownership:** x	**Merchant Email Address:** x
Physical Street Address: x	**City:**	**State:**	**Zip Code:**	**Physical Location Phone #:**	
Billing Street Address (If different than above):	**City:**	**State:**	**Zip Code:**	**Billing Location Phone #:**	
Preferred Contact Phone #:	**Business Location(s):** ☐Rented ☐ Mortgaged **Monthly Payment:**	**Avg. Monthly Credit Card Volume:**	**Avg. Transaction Amount:**	**Gross Annual Sales** (from previous year's Tax return)**:**	
List the Total Business Bank Deposits and # of Days with a Negative Balance	**Last Month:** **-Total Bus. Bank Deposits:** **$**_____ **# of Days with a Negative Balance:** _____	**Two Months Ago:** **Total Bus. Bank Deposits:** **$**_____ **# of Days with a Negative Balance:** _____	**Three Months Ago:** **Total Bus. Bank Deposits:** **$**_____ **# of Days with a Negative Balance:** _____	**Four Months Ago:** **Total Bus. Bank Deposits:** **$**_____ **# of Days with a Negative Balance:** _____
List the Total VISA/MasterCard volumes:	**Last Month:** **$**_____ **# Tickets:**___	**Two Months Ago:** **$**_____ **# Tickets:**___	**Three Months Ago:** **$**_____ **# Tickets:**___	**Four Months Ago:** **$**_____ **# Tickets:**___
Owner/Officer x	**Primary Contact** ☐		**Job Title:** x	
First Name: x	**Last Name:** x	**SS#:** x	**Date of Birth:** x	**Home Phone:** x
Street Address:x	**City:** x		**State:**	**Zip Code:** x

AUTHORIZATIONS

By signing below, each of the above listed business and business owner/officer (individually and collectively, "**you**") authorize Working Financial Solutions, LLC ("WFS") 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 WFS 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. to the release, by any creditor or financial institution, of any information relating to any of you, to WFS and to each of the Recipients, on its own behalf.

Owner / Officer's Signature: X_____

Owner / Officer's Name: (Print) x_____ **Date:** _____

Merchant Cell Phone# x_____ Merchant Fax# x_____

Landlord Name x_____ Landlord Contact # x_____

Business Federal Tax Id# _____ Business Website Address _____ Any Judgements/Liens? ☐Yes ☐No x

x Is your business Seasonal? ☐Yes ☐No If Yes, what are the peak months? _____ Any Open Bankruptcies? ☐Yes ☐No x

Second owner name and % of ownership_____ / _____%

Business Trade Reference #1_____ Phone# _____

Business Trade Reference #2_____ Phone# _____

Business Trade Reference #3_____ Phone# _____

2nd Owner/Officer's Signature:_____

2nd Owner/Officer's Name:(Print):_____ **Date:** _____