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COMMERCIAL FINANCING APPLICATION

BUSINESS NAME	FEDERAL TAX ID
BUSINESS ADDRESS	TELEPHONE #
TYPE OF BUSINESS (check one): Corporation <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Other <input type="checkbox"/>	AGE OF BUSINESS

PRINCIPAL'S NAME	TITLE	% OWNER	HOME PHONE	SOCIAL SECURITY #
HOME ADDRESS			DATE OF BIRTH	<input type="checkbox"/> OWN <input type="checkbox"/> RENT
PRINCIPAL'S NAME	TITLE	% OWNER	HOME PHONE	SOCIAL SECURITY #
HOME ADDRESS			DATE OF BIRTH	<input type="checkbox"/> OWN <input type="checkbox"/> RENT
Please attach a separate sheet for any additional principals				

BANK	BRANCH	FAX #	TELEPHONE #
ACCOUNT UNDER NAME OF	CHECKING ACCOUNT #	CURRENT BALANCE	
BANK	BRANCH	FAX #	TELEPHONE #
ACCOUNT UNDER NAME OF	CHECKING ACCOUNT #	CURRENT BALANCE	

Loan/Trade References			
COMPANY NAME	ACCOUNT #	TELEPHONE #	CONTACT PERSON

Financing Request: please detail the funding your business is seeking in the space below

DECLARATION: By signing below, each of the above listed Business Owner(s)/Officer(s)/Principal(s) and Business (individually and collectively, "You") certify that all information and documents submitted in connection with this Funding Application ("Application") are accurate, true, correct and complete; and that You will immediately notify Capital Infusion Partners, LLC ("CIP") or any of its representatives, successors, assigns, designees, agents, partners or affiliates ("Recipients") of any change in such information or financial condition. You acknowledge that the Recipients are relying on the information You provide. You further authorize CIP and each of the Recipients that may be involved with or acquire commercial loans having daily/weekly/monthly repayment features or purchases of future receivables including Merchant Cash Advance transactions (collectively, "Transactions") to obtain consumer or personal, business and investigative reports and other information about You, including, but not limited to 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, financial institutions, creditors and other third parties. You also authorize CIP to transmit this Application, along with any of the foregoing information obtained in connection with this Application, to any or all of the Recipients for the foregoing purposes. A fax or photocopy of this authorization shall be valid as the original.

Applicant: _____ Signature: _____ Date: _____

Applicant: _____ Signature: _____ Date: _____

