



VMS Agent Name:

Funding Application Please fill out all applicable fields

Business Legal Name:				Business DBA:			
State of Incorporation:		Tax ID Number:		Business Start Date:		Industry Type:	
Business Entity Type (pick one):		Corp.	LLC	LLP	Part.	Sole Prop.	Other
Location Phone:		Preferred Contact Phone:		Web Address:		Business Email Address:	
Physical Street Address:				City:		State:	Zip:
Billing Address (if different than above):				City:		State:	Zip:
Rented	Mortgaged	– Monthly Payment:		Landlord Name:		Landlord Phone:	
Gross Annual Sales:			Average Monthly Credit Card Volume:			Credit Card Processor:	
Do you have any open MCA or Loan Accounts? Yes No				Lender 1:		Balance 1:	
				Lender 2:		Balance 2:	
Open judgments or tax liens? Yes No Balance:				Open/discharged bankruptcies? Yes No Year:			
Primary Owner / Officer		Title:			% of Ownership:		
First Name:		Last Name:		SS#:		Date of Birth:	
Home Phone:		Mobile Phone:		Email Address:			
Home Address:				City:		State:	Zip:
Secondary Owner/Officer		Title:			% of Ownership:		
First Name:		Last Name:		SS#:		Date of Birth:	
Home Phone:		Mobile Phone:		Email Address:			
Home Address:				City:		State:	Zip:
Use of funds:				Desired Loan Amount:			

By signing below, each of the above listed business and business owner/officer (individually and collectively, “you” authorize Lenders Access LLC (LA LLC) 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 LA LLC 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. You also consent to the release, by any creditor or financial institution, of any information relating to any of you, to LA LLC and to each of the Recipients, on its own behalf.

Primary Owner/Officer Print:	Primary Owner /Officer Signature:	Date:
Secondary Owner/Officer Print:	Secondary Owner /Officer Signature:	Date: