

Merchant Pre-Qualification Form

Business Legal Name: Business DBA Name:													
Industry Type: Gross Annual Sales (from previous year's					eeds:								
Federal Tax ID:	Federal Tax ID: State of Tyl		Type of Business Entity:		Business start date under current Ownership: (mm-yyyy)		уу)	Merchant Email Address:					
Do you have any open cash advance or loan accounts? Do you have bankruptcie					you have any tax liens or dgments?		Bus	Business Location(s) Ty		Туре:	Monthly mortgag	r Payment: (rent or e)	
Physical Street Address:				City	:	I		State:	Zip Code:		Physical Location Phone #:		
Owner / Officer Primary Contact				Title:					1	Ownership %:			
Preferred Contact Phone #:				Mobile Phone #:				Fax #:					
First Name:			Last Name:				SS#:			Date of Bi	rth:	Home Phone:	
Home Street Address:						City:					State:	Zip Code:	
By signing below, each of the above listed business and business owner/officer (individually and collectively, "you") authorize Reliant Funding ("Reliant") and each of its subsidiaries, 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 Reliant 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 Reliant and each of the Recipients, on its own behalf. CONSENT TO TELEPHONE CALLS: You expressly consent to receiving calls (including text messages) from Recipients, including (1) those containing advertisements or telemarketing messages and (2) those made with an automatic telephone dialing system or prerecorded message or artificial voice, at the telephone number(s) that you have provided above. Message and data rates may apply. Your consent to receive calls is not required for your application. If you do not consent, please do not provide phone number(s) above. Failure to provide a phone number will not impact your relationship with Reliant. CONSENT TO ELECTRONIC DISCLOSURES: You expressly consent to transactions and disclosures with Recipients online and electronically. Disclosure will be provided to you either on the screen, on Recipients' website or via electroni													
Owner / Officer's Name: (Print) Date:													
	<u> </u>												
Sales Information (To be completed by Sales Representative)													
Sales Rep #:	Sales Rep	Name:			Sales Re	p Contact #:		Sales R	Rep Ema	il Address	:		
14677	Whitn	ey			(315)	952-1576		Mw	vhitne	itney@goevony.com			

Notes:

Fax to: (315) 461-8405