

PREFERRED Cash Advance Application

PREFERRED Merchants
Sales Office: 90001
Phone: (866)996-4932
info@worldwideoptimize.com



AGENT/REP: _____

Google and Yahoo Ranked #1 In The Nation For Small Restaurant Loans!!



COMPANY INFORMATION

Legal Business Name: _____ DBA Name: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Business Phone: _____ Business Fax: _____ Email: _____

Type of Entity: Corporate ___ LLC ___ LLP ___ Partnership ___ Sole Proprietorship ___ Non Profit ___ Other: _____

Business Category: Retail ___ Restaurant ___ Wholesale ___ Service ___ Lodging ___ Bar ___ Manufacturing ___ Other: _____

Are Most of Your Customers: Consumers ___ Other Businesses ___ Government Agencies ___

Federal Tax ID: _____ Products or Services Sold: _____ Number of Employees: _____

Est. Monthly Sales: _____ Visa/MasterCard Monthly Sales: _____ Average Sale Amount: _____

Business Established Date (Month/Year): _____ Length of Ownership: Years _____ Months _____

Landlord/Agent Name: _____ Contact Name: _____ Landlord Phone: _____

Number of Locations: _____ Rent: ___ Own: ___ Monthly Rent/Mortgage: _____ Square Footage: _____

Time Remaining on Site Lease/Mortgage Years: _____ Months _____

Credit Card Processing Method (Must Equal 100%):
 Card Present Swiped: _____ % Mail Order/Phone Order: _____ % Internet: _____ %

OWNERSHIP INFORMATION

1. Principal Owner: _____ Social Security Number: _____ D.O.B _____

Home Address: _____ City: _____ State: _____ Zip: _____

Title: _____ Ownership%: _____ Driver's License Number _____ State Issued _____

Home Phone: _____ Mobile: _____

Annual Income: \$ _____ How long at this address: _____ Number of years at previous home address: _____

2. Principal Owner: _____ Social Security Number: _____ D.O.B _____

Home Address: _____ City: _____ State: _____ Zip: _____

Title: _____ Ownership%: _____ Driver's License Number _____ State Issued _____

Home Phone: _____ Mobile: _____

Annual Income: \$ _____ How long at this address: _____ Number of years at previous home address: _____

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CREDIT CARD PROCESSING INFORMATION

Current Processor: _____ Merchant Account Number _____

Terminal Type Currently Used: _____ Number of Terminals at Location: _____

Length of Time with Current Processor: Years _____ Months _____

BANK INFORMATION

Bank Name: _____ Contact Name: _____

Phone Number: _____ City: _____ State: _____

TRADE REFERENCES

Business: _____ Contact Name: _____ Phone #: _____ Fax #: _____

Business: _____ Contact Name: _____ Phone #: _____ Fax #: _____

QUESTIONNAIRE

Is your business for sale? Yes ___ No ___ If yes, explain: _____

Is your business seasonal? Yes ___ No ___ If yes, explain: _____

Have you ever filed for bankruptcy? Yes ___ No ___ If yes, explain: _____

Do you have any federal or state tax liens? Yes ___ No ___ If yes, explain: _____

Have you previously had a cash advance? Yes ___ No ___ If yes, explain: _____

If so, how much is the current balance? Explain: _____

Amount Requested: \$ _____ Intended Use of Cash Advance: _____

Applicant, and Applicant's Officer or Owner, named above, each authorize Merchant Resources International, its assignees, and its agents to obtain an investigative report from credit bureaus or credit agencies, and also to investigate the Trade References and any other references provided on this Application or on any other documents submitted by Applicant and Applicant's named Officer or Owner for the purposes of obtaining funding through Merchant Resources International. By signing this Agreement, the Merchant hereby authorizes Merchant Resources International and its affiliates to obtain the 12 most recent monthly reports detailing Merchant's credit card processing activity from its card processor or any agent or other third party utilized by that processor to authorize, clear and/or settle credit card payments.

1st Signature: _____ Date: _____

2nd Signature: _____ Date: _____