

> VERIFICATION FORM

PLEASE FAX BACK TO: 949-861-9413

ATTN: Credit Department

Email: tleonard@pacificworkingcapital.com

Date:



> COMPANY INFORMATION

Legal Company Name:	Legal Entity: <input type="radio"/> Corporation <input type="radio"/> LLC <input type="radio"/> General Partnership <input type="radio"/> LLP <input type="radio"/> Other	Do you have an outstanding merchant cash advance? <input type="checkbox"/> YES - its \$ _____ <input type="checkbox"/> NO
State of Incorporation:		
Federal Tax ID:		
Physical Address (no PO Boxes)	Company Type / Industry:	
City: State: Zip Code:	TERM (MONTHS): 3 6 9 12 15 18 24	
Company Phone:	Landlord name (if applicable):	
Business Inception Date:	Landlord phone (if applicable):	
Your business location? <input type="checkbox"/> RENT <input type="checkbox"/> OWN	Has your business accepted credit cards for at least 3 months? <input type="checkbox"/> YES <input type="checkbox"/> NO	

ESTIMATED FLOW OVERVIEW

Your Annual Business Revenue*	Your Average Bank Balance	Your Monthly Credit Card Volume	Loan Amount Requested
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

> OWNER INFORMATION (1)

First name:	Last Name:
Email:	
Home Phone:	
Cell phone:	
SS Number:	
Date of birth:	
Annual income:	
Home address (no PO Boxes):	
City:	State:
Zip Code:	Business ownership %:

> OWNER INFORMATION (2)

First name:	Last Name:
Email:	
Home Phone:	
Cell phone:	
SS Number:	
Date of birth:	
Annual income:	
Home address (no PO Boxes):	
City:	State:
Zip Code:	Business ownership %:

By signing & faxing or emailing us your application, you certify that (i) you are authorized to apply on behalf of the company whose full legal name appears above under the Company Information portion of the Loan Application for a business loan from us and (ii) all information you provide within the Loan Application and other supporting documents is true and complete and that you will notify us of material changes to such information. Certain transactions in California may fall under CA Lender/Broker License requirements. Please check with your representative for eligibility. By signing this box you agree to receive recurring messages from Pacific Working Capital ; Reply STOP to opt out; Reply HELP for help; Message frequency varies; Message and data rates may apply; Carriers are not liable for delayed or undelivered messages

Signature (1):

DATE

Signature (2):

DATE