Cash Flow Specialists, Inc								x to: 206-984-2	853		
P.O. Box 844							Telephone: (800) 669-2700				
Alamo CA 94507							Em	ail: jjoe@joetufo	.com		

MERCHANT APPLICATION AND INFORMATION FORM										
Merchant Information:										
Type of Entity	□ Corpora	ation 🗆	Ger	neral Partners	hip 🗆 LLC	□LP □S	ole Proprietor	rship □ LLP		
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	□ S Corpo	oration [Nor	nprofit	□ Other					
Bus. Legal Name					Doing E	Business As:				
Physical Address					City	- State - Zip:				
Billing Address					City	- State - Zip:				
Federal ID					Bus	s. Start Date:				
Contact Name						Position:				
Phone						Fax:				
Email						Website:				
Product Sold					Use	of Proceeds:				
State of Incor./Org.					Length of	f Ownership:				
Principal #1	Per	Percentage of Ownership			%	Prior addre	ss if less than 2 yrs:			
Full Name					Socia	al Security #:				
Date of Birth						Position:				
Drivers License #	1				Drivers	s License St:				
Home Phone						Cell Phone:				
Residence Address	1				City	- State - Zip:				
Length at Residence	1				•	Months:				
Principal #2		centage of	Own	ership	%		ss if less than 2 yrs:			
Full Name				Social Security #:						
Date of Birth	i					Position:				
Drivers License #	1				Drivers	License St:				
Home Phone	1				Billoid	Cell Phone:				
Residence Address	1				City	- State - Zip:				
Length at Residence	1				Oity	Months:				
				Vendor	References					
Company				Contact:			Phone:			
Company				Contact:			Phone:			
Company				Contact:			Phone:			
Property Information				☐ Mall ☐ Home Based ☐ Shopping Ctr ☐ Office ☐ Other						
Own/Lease		☐ Lease			<u>□lwaii □ ⊓ome</u> / Rent/Mortg:	Baseu LISHU		Lease Start Date:		
Landlord/Mortg Co.	 	□ Lease		I MOHUII	# months remain	ing on logge:		Fax:		
Address	1				Contact:	ing on lease.		Phone:		
Credit Card/Terminal Information										
Visa/MC Monthly Volume				sa/MC Sales:	ilation		Total Annual Sales:			
Discover	1	Monthly Volume:		Fullation	ag Appount #:					
□ Yes □ No			Existii		ng Account #:			# of Terminals:		
American Express	Monti	nly Volume:		Existir	ng Account #:			# of Terminals:		
☐ Yes ☐ No										
Visa/MC Existing Accoun	: #:	1				Processor N	ame:			

Virtual Terminal/POS Syste	em:			Contact:		Phone:					
Banking Information											
Bank Name:			Bar	nk Account #							
Contact:			Bank AB	A Routing #:							
City - State - Zip				Phone:							
Merchant Questionnaire											
Has the Merchant or any Principal ever filed for Bankruptcy Protection? Is the Merchant or any Principal contemplating filing Bankruptcy? Reorganization? An assignment for the benefit of creditors? If so, explain.											
Are there any pending, threatened, or recently filed claims, judgments, tax liens, or UCC-1 against the Merchant or any Principal? If yes, please specify.											
Our advance rate is typically based on the average of the prior four months of applicant's VISA/MasterCard processing volume. We do offer some flexibility based on certain criteria. Please specify advance amount requested below.											
\$											
Is the Merchant current wit	h rent and/	or mortgage payments for the	e business? If	f not, please of	explain your c	urrent status.					
What are the daily hours of	f operation	of the business? What days	of the week is	the business	s open?						
Is the Merchant or any Principal in any other form of cash advance program? If yes, please explain.											
Signatures											
Merchant understands that this form is used for informational and application purposes only and does not create an Agreement to purchase future receivables.											
By signing this Application, the Merchant hereby authorizes inquiry into the merchant's business financial information, including, but not limited to, credit reports and criminal and civil matters. Without limiting the generality of the proceeding sentence, the Merchant hereby authorizes GBRC and it's affiliates to obtain investigative reports from one of more reporting agencies about Merchant. Any individual that signs this application, hereby authorizes inquiry into the individual's personal financial information, including, but not limited to, consumer reports, investigative reports, and criminal and civil matters.											
By signing this Agreement, the Merchant hereby authorizes GBRC and it's 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.											
Upon approval of this application, Merchant hereby authorizes GBRC to instruct Merchant's credit card processor to redirect the payment of all credit card settlements (ACH debits and credits) to GBRC's controlled account with Washington First International Bank.											
Signature #1:				Date:							
Signature #2:				Date:							
		The above signed hereby certifies that al	I of the information s	et forth is true and a	occurate.						
Sales Agent:		Cash Flow Spe	ecialists, Inc	S	ales Agent #:		42001				