

CREDIT CARD SYSTEMS SERVICES – CCSS

T-866-364-2233 F-509-463-8926 CCSSUSA@MSN.COM

< BUSINESS LOAN OR CASH ADVANCE PROGRAM >

PRE-APPLICATION FORM - SALES REP NAME: _____ iso# _____

BUSINESS INFO. < PLEASE FAX TO US TAX ID COPY – FOOD STAMP LIC COPY & ADVERTISING > ✓

BUSINESS LEGAL NAME: _____

BUSINESS D/B/A: _____

PHYSICAL ADDRESS: _____

TEL# _____ FAX# _____

EMAIL ADDRESS: _____

WEB PAGE ADDRESS: _____

STARTED DATE: _____ TAX-ID# _____

FOOD STAMP LIC. # _____ HOW MANY CASHIER _____

TERMINAL'S TYPE: _____ LOAN AMOUNT REQUESTED \$\$\$ _____

BUSINESS OWNER PERSONAL INFO. < PLEASE FAX TO US DRIVER LICENSE COPY > ✓

BUSINESS OWNER NAME: _____

BUSINESS OWNER ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DATE OF BIRTH: _____ SSN: _____

DRIVER LIC.# _____ EXP DATE: _____

HOME TEL _____ CELL: _____

BANK INFO: < PLEASE FAX TO US PRINTED VOID CHECK COPY > ✓

BANK NAME: _____ BANK TEL# _____

BANK ROUTING# _____ BANK ACCOUNT# _____

Trade References : < PLEASE FAX TO US COPY OF THE COMMERCIAL RENT LEASE > ✓

#1-Business name _____ Contact _____ Tel _____

#2-Business name _____ Contact _____ Tel _____

#3-Business name _____ Contact _____ Tel _____

Landlord company name _____ Contact name _____

Landlord Tel # _____ Fax _____ EMAIL _____

Monthly Rent Cost \$\$\$ _____ LEASE ENDING AS: _____

Total Bank Deposits: < PLEASE FAX TO US THE LAST 4 BANK STATEMENTS ALL PAGES > ✓

Previous 1st Month \$\$\$ _____ Please Send Us Statement Copy All Pages Please

Previous 2nd Month \$\$\$ _____ Please Send Us Statement Copy All Pages Please

Previous 3rd Month \$\$\$ _____ Please Send Us Statement Copy All Pages Please

Previous 4th Month \$\$\$ _____ Please Send Us Statement Copy All Pages Please

Total Gross Monthly Sales (CASH + CREDIT CARD) \$\$\$ _____

Employee Weekly Payroll \$\$\$ _____ Owner Weekly Salary \$\$\$ _____

BUSINESS TAX RETURN LAST TWO YEARS Please Send Us Copy All Pages Please

PERSONAL TAX RETURN LAST TWO YEARS Please Send Us Copy All Pages Please

AMEX # _____ VISA / MC # _____

By Signing and faxing or emailing us your Loan 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. You understand and agree that we and our agents and assignees are authorized to contact third parties to make inquiries in evaluating your Loan Application (including requesting business and personal credit bureau reports from credit reporting agencies and other sources) or for any update, renewal, extension of credit bureau's name and address/ You understand and agree that we may provide credit and other information from the Loan Application and on the signing individual(s) and the company with third parties who may use the information for any lawful purpose, including for the purpose of offering credit and/or other products and services to the signing individual(s) and/or the company.



SIGN HERE

Business Owner – Signature

Print Owner Name

Date:

Credit Card Processing Services For All Type Of Business. !!!! Free Credit Card Machine !!!



FOR MORE INFO.

CALL NOW 1-866-364-2233

sales@ccssusa.com