



FUNDING APPLICATION

BUSINESS INFORMATION

Legal Business Name		DBA	
Entity <input type="checkbox"/> Corp <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Ltd Partnership <input type="checkbox"/> LLP <input type="checkbox"/> Sole Prop		Length of Ownership	
Type Of Business:	Federal Tax ID:	State of Incorporation:	
Business Phone:	Mobile Phone:	Business Email:	
Physical Address		City	State Zip
Mailing Address		City	State Zip
Estimated Credit Score?:		Purpose and Timing for Funds:	Desired Funding Amount:
			Total Monthly Sales:
OWNER / PRINCIPAL INFORMATION			
Name		Title	Ownership %
Date of Birth (MM/DD/YYYY)		Social Security No:	Driver's License No.:
Home Address		City	State Zip
Home Phone		Email	
Past or Current Bankruptcy		Open Liens or Judgments	
OWNER / PRINCIPAL INFORMATION			
Name		Title	Ownership %
Date of Birth (MM/DD/YYYY)		Social Security No:	Driver's License No.:
Home Address		City	State Zip
Home Phone		Email	
Past or Current Bankruptcy		Open Liens or Judgments	

By signing below, each of the above listed business and business owner/officer (individually and collectively, "you") authorize Pen Capital LLC to share this application and all supporting documentation with each of its 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 therefore (collectively, "Transactions"). You hereby authorize Pen Capital LLC and all Recipients to request and 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 consent to the release, by any creditor or financial institution, of any information relating to any of you, to Pen Capital LLC and each of the Recipients without exception, on its own behalf. Furthermore, You hereby waive and release any claims against Pen Capital LLC, all Recipients, and any information providers arising from any act or omission relating to the requesting, receiving or release of the information obtained in connection with this application.

Owner Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Date: \_\_\_\_\_

Owner Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Date: \_\_\_\_\_