

UNSECURED LOAN APPLICATION

Please fill out the following and fax to **212-658-9717** or email to info@advancedfundingsolutionsllc.com. (Please write clearly in **CAPITAL** letters)

PLEASE FILL OUT THIS APPLICATION AS COMPLETELY AS POSSIBLE TO ENSURE RAPID PROCESSING.

REQUIRED INFORMATION

BUSINESS INFORMATION

EXACT LEGAL NAME OF BUSINESS ENTITY	FED TAX NO.	
ADDRESS	CITY, STATE, ZIP	BUSINESS ANNUAL SALES
TELEPHONE	FAX	EMAIL
WEBSITE ADRESS	NUMBER OF YEARS IN BUSINESS	YEARS UNDER PRESENT CONTROL

OWNERSHIP INFORMATION

BUSINESS STRUCTURE:	<input type="checkbox"/> PROPRIETORSHIP	<input type="checkbox"/> S-CORP	<input type="checkbox"/> LLP	<input type="checkbox"/> TRUST
	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> C-CORP	<input type="checkbox"/> LLC	
PRINCIPAL'S NAME:	TITLE	% OWNERSHIP	HOME PHONE NO.	SOC. SEC. NO.
HOME ADDRESS (STREET)	CITY	STATE, ZIP	<input type="checkbox"/> OWN	EST. HOME VALUE: \$
			<input type="checkbox"/> RENT	
ANNUAL HOUSEHOLD INCOME: \$	EST. NET WORTH: \$	MONTHLY MORTGAGE/RENT PAYMENT: \$		
WORKED AT JOB SINCE: MNTH/YEAR	ANNUAL SALARY	LIVED AT RESIDENCE SINCE: MNTH/YEAR		

PERSONAL INFORMATION

LOAN REQUEST: \$	PERSONAL CREDIT:	BANKRUPTCIES? IF SO, WHEN?
	<input type="checkbox"/> EXCELLENT (>700) <input type="checkbox"/> GOOD (640-700) <input type="checkbox"/> FAIR (600-640) <input type="checkbox"/> POOR (<600)	
DATE OF BIRTH	MARITAL STATUS	DRIVERS LISCENCE STATE/#
PERSONAL EMAIL	MOTHER'S MAIDEN NAME	

VEHICLE INFORMATION

VEHICLE 1	YEAR/ MAKE	VEHICLE STATUS	<input type="checkbox"/> FINANCED
			<input type="checkbox"/> OWNED
VEHICLE 2	YEAR/ MAKE	VEHICLE STATUS	<input type="checkbox"/> FINANCED
			<input type="checkbox"/> OWNED

COMPANY DESCRIPTION

PLEASE PROVIDE A BRIEF DESCRIPTION OF YOUR COMPANY, SERVICES AND YOUR FINANCING NEEDS.



Headquarters: 444 Brickell Avenue, Suite 300 - Miami, FL 33131

Offices: New York w Amsterdam

ADDITIONAL INFORMATION

ONLY FILL OUT THE FOLLOWING SECTION IF YOU WISH TO APPLY WITH A CO-APPLICANT

CO-APPLICANT INFORMATION

CO-APPLICANT NAME:	DATE OF BIRTH:	SOC. SEC. NO.		
RELATIONSHIP TO APPLICANT		HOME PHONE NO.		
HOME ADDRESS (STREET)	CITY	STATE, ZIP	OWN RENT	EST. HOME VALUE: \$
ANNUAL HOUSEHOLD INCOME: \$	EST. NET WORTH: \$		MONTHLY MORTGAGE/ RENT PAYMENT: \$	
WORKED AT JOB SINCE: MNTH/ YEAR	ANNUAL SALARY	LIVED AT RESIDENCE SINCE: MNTH/YEAR		
DRIVERS LICENCE STATE/#				

CO-APPLICANT EMPLOYMENT INFORMATION

OCCUPATION	WORKED AT A JOB SINCE: MNTH/YEAR			
EMPLOYER	WORK PHONE			
CO-APPLICANT SALARY	MONTHLY:	ANNUAL:		

ONLY FILL OUT THE FOLLOWING SECTION IF YOU WOULD LIKE TO BORROW AGAINST YOUR CREDIT CARD RECEIVABLES

MAIN APPLICANT'S CREDIT CARD VOLUME

MONTHLY VISA/ MASTAR CARD VOLUME	TERMINAL TYPE	PRINTER TYPE
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CONTACT INFORMATION

BANK NAME	CONTACT	PHONE	
CITY	STATE	ZIPCODE	
LANDLORD/MORTGAGE CO.	SQUARE FEET	CONTACT	PHONE

TRADE REFERENCES

REFERENCE 1	BUSINESS NAME	CONTACT	PHONE
REFERENCE 2	BUSINESS NAME	CONTACT	PHONE

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