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Business Funding Application

Please fill in ALL fields below. By doing so, you are giving Silver Rock Funding, as well as its agents and affiliates, permission to review your business and personal history in order to provide you with formal approval.

Business Information

Business Legal Name: _____ Business DBA Name: _____
 Address: _____ Suite/Floor: _____
 City: _____ State: _____ Zip: _____
 Work Phone: _____ Cell Phone: _____
 Fax Phone: _____ Website: _____
 Email: _____ Federal State Tax#: _____
 Business Start Date: _____ Entity: Corp Sole Prop LLC Partnership
 Type: Retail Restaurant Service Internet Location: Store Front Office Home Other
 Landlord Name & Phone: _____ Rent/Mortgage Amount: _____
 Products/Service Sold: _____ Reason For Funding: _____

Financial Information

Avg Gross Monthly Sales: _____ Avg Monthly Credit Card Sales: _____
 How Much Do You Need To Borrow: _____ Do You Have An Open Bankruptcy: Yes No
 Do You Have An Open Tax Lien: Yes No Are You On A Payment Plan: Yes No
 Have You Used A Cash Advance Before: Yes No If Yes, Who: _____ How Much: _____
 When Was It Taken Out? _____ Current Balance: _____

Owner/Principal Information

Owner Name: _____ Co-Owner Name: _____
 Address: _____ Address: _____
 City, State, Zip: _____ City, State, Zip: _____
 Phone: _____ Phone: _____
 Email: _____ Email: _____
 % Ownership: _____ % Ownership: _____
 Date Of Birth: _____ Date Of Birth: _____
 SSN#: _____ Driver #: _____ SSN#: _____ Driver #: _____

By signing below the merchant and its owners/principals: (1) certify that all information and documents submitted in connection with this application are true, correct and complete; and (2) authorize Silver Rock Funding, partners, and lenders to receive credit reports and any other information regarding the merchant and its owners and principals from third parties, to verify any information provided on the application.

Borrower: _____ Co-Borrower: _____