

US Funding Services, LLC • Ph: 877.836.5701 • Fax: 610.594.0901 • [www.USFundingServices.net](http://www.USFundingServices.net)  
*Providers of Capital Finance & Cash Flow Solutions*

### ▶ BORROWER INFORMATION

Business/Individual Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Floor/Suite: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Type of Business: \_\_\_\_\_ In Business since (YYYY-MM): \_\_\_\_\_  
Federal Tax ID: \_\_\_\_\_ Annual Sales (per US Tax Return): \$ \_\_\_\_\_

### ▶ BANK INFORMATION List ALL Banks - For additional Banks, please attach info on additional page(s)

Bank Name/Branch: \_\_\_\_\_ Phone: \_\_\_\_\_  
Bank Officer: \_\_\_\_\_ Checking: \_\_\_\_\_ Savings: \_\_\_\_\_ Loan: \_\_\_\_\_  
Bank Name/Branch: \_\_\_\_\_ Phone: \_\_\_\_\_  
Bank Officer: \_\_\_\_\_ Checking: \_\_\_\_\_ Savings: \_\_\_\_\_ Loan: \_\_\_\_\_  
Bank Name/Branch: \_\_\_\_\_ Phone: \_\_\_\_\_  
Bank Officer: \_\_\_\_\_ Checking: \_\_\_\_\_ Savings: \_\_\_\_\_ Loan: \_\_\_\_\_

### ▶ BUSINESS OWNERSHIP (For additional Owners/Partners, please attach info on additional page(s))

Sole Owner    Partnership    Corporation    LLC    LLP    Other

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ % of Ownership: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Floor/Suite: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ % of Ownership: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Floor/Suite: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

The undersigned individual, recognizing that his or her individual credit history may be a factor in the evaluation of the credit of the applicant, hereby consents to and authorizes the above named business credit provider and any assignee, lender or funding service that may be utilized to obtain and use a consumer credit report on the undersigned, now and from time to time, as may be needed in the credit evaluation and review process and waives any right or claim they would otherwise have under Fair Credit Reporting Act in the absence of this continuing consent. Additional information such as bank statements, tax returns, and articles of incorporation may be required by the lending institution for approval.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This form **MUST** be completed in full to be eligible for consideration.