MERCHANT APPLICATION

BELMONT FRANKLIN GROUP

Step 1: Complete Application
Step 2: Download your last 3 Months Bank Statements
Step 3: Scan your Driver's License and a Voided Check
FINAL - Step 4: Return all the above via email for an Approval!

Tel: **281-453-1556** Email: **belmontbusinessloans@gmail.com**

Company Information

Legal Name		Business DBA Name	
Address		City, State, Zip	
Phone		Fax	
Website		Email	
Legal Entity	☐ Corp ☐ Sole Prop ☐ LLC ☐ Partnership ☐ Other	Federal Tax ID#	
Merchant Type	☐ Retail ☐ Restaurant ☐ Service ☐ Internet	Business Start Date	
Business Location	☐ Store Front ☐ Office ☐ Home ☐ Other	Products/Services Sold	

Owner# 1/Principal Information

Name	
Address	
City, State Zip	
Home Phone	
Mobile	
Email	
% of Ownership	
Date of Birth	
SSN#	

Owner# 2/Principal Information

Name	
Address	
City, State Zip	
Home Phone	
Mobile	
Email	
% of Ownership	
Date of Birth	
SSN#	

Reference# 1

Name of Reference	
Cell	
Email	

Reference# 2

Name of Reference	
Cell	
Email	

Reference# 3

Name of Reference	
Cell	
Email	

By signing below, the Merchant and its Owners / Principals: (1) certify that all information and documents submitted in connection with this application is true, correct and complete; (2) authorize **The Belmont Franklin Group** its agents, 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; (3) to receive an occasional promotion or offer by email or fax.

By _____ By _____

Date _____ Date _____