

8 The Green, Suite 11268, Dover DE 19901 CONTACT: +1 302 219 4400

Email: info@finszar.com

Business Application Form

GENERAL DETAILS				
Business Name-	Legal Name-			
Legal Entity- Corporation Sole Proprietor	Address-			
LLC Other				
City-	State-			
Zip Code-	Country-			
Tax ID-	SIN/SSN-			
EIN-	Website-			
BUSINESS INFORMATION				
Business Start Date-	Business Industry-			
Sub Industry-				
Annual Turnover-	Annual Profits-			
Business Location- Rented Owned	Mortgaged			
Monthly Rent/Mortgage-	Landlord/Bank Name-			
Landlord/Bank Contact-	Credit Score-			
Existing Loans- Yes No No	Is Yes, Loan Balance-			
Any Bankruptcy/Knockouts-	If Yes, When-			
LOAN INF	ORMATION			
Type of Loan-	Loan Amount-			
Use of Funds-	Tenure-			
Down Payment-				
Repayment Frequency- Weekly Monthly Monthly	Security offered-			
Type of Security-				
Documents Attached				
Financial Statement- Balance Sheet Profit & Loss A/c	Recent six month Bank Statement- Yes			
Balance Sheet Profit & Loss A/c Cash Flow Statement	No			
Copy of Business ID- Tax Returns Incorporation ID SSN/SIN Driver's License:				

Personal Information			
Business Owner 1		Business Owner 2	
Name-		Name-	
Home Address-		Home Address-	
City-	State-	City-	State-
Postal-	Country-	Postal-	Country-
Credit Score-		Credit Score-	
Ownership %-		Ownership %-	
SSN/SIN-		SSN/SIN-	
Email:		Email:	

Business Owner 3		Business Owner 4	
Name-		Name-	
Home Address-		Home Address-	
City-	State-	City-	State-
Postal-	Country-	Postal-	Country-
Credit Score-		Credit Score-	
Ownership %-		Ownership %-	
SSN/SIN-		SSN/SIN-	
Email-		Email-	

Contact Details	
Full Name-	Contact Number-
Designation-	Email-

The information supplied in this Confidential Financing Application and Company Profile form and all forms and documents submitted to Finszar or its Assignee (collectively "Funder") in connection herewith is true and correct to the best of my/our knowledge and belief. I/we hereby authorize Funder to investigate my/our financial responsibility and credit worthiness and will provide financial statement, tax returns, or other materials or information as requested by Funder and to verify any information provided from any source Funder may choose. I/we grant Funder the right to procure any and all credit or other investigative reports to any party to this application. I/we grant Funder the right to release any of the information contained herein or any results from any investigation of the information contained herein to any third party that may become part of any financing transaction between applicants and Funder or to whom Funder may refer this applicant to for funding. I/we further grant to any source from which Funder has requested information about applicant(s), the authorization to release such information to Funder. Applicant acknowledges that Funder will rely on the information provided herein to make its credit decision regarding Applicant. This application has been completed and signed under penalty of perjury. A photocopy, including a fax copy, of this authorization may be accepted as an original.

Full Name-	Designation-	Signature-
Date-		