

Champions Business Funding Inc. Application

Tel: 267-341-8406

**FAX COMPLETED APPLICATION TO: 609-482-8474
or EMAIL TO: info@championsbusinessfunding.com**

To receive a funding approval please complete this application and return it with four months of your most recent bank statements.

You will be contacted within 24 hours.

A. Business Information

Business Legal Name ("Merchant"):		Business DBA Name:
Street Address:		City:
State:	Zip:	Phone:
Legal Entity: <input type="checkbox"/> Corp <input type="checkbox"/> Sole Prop <input type="checkbox"/> LLC <input type="checkbox"/> Partnership		Mobile:
Landlord Contact Name:	Landlord Contact Phone:	Fax:
Date Business Started:		Email:
		Federal State Tax #:

B. Owner/Principle Information

Owner #2 (If Applicable)

Name:		Name:	
Address:		Address:	
City, State Zip:		City, State Zip:	
Phone:		Phone:	
Email:		Email:	
% of Ownership:	Date of Birth:	% of Ownership:	Date of Birth:
SSN#:		SSN#:	
Driver's License #		Driver's License #:	

C. Funding Information

Average Gross Monthly Sales:	Amount of Funding Requested:	How soon do you need money?
Do You Have a Current Advance Balance ?	Use of Funds:	Have you ever used a cash advance?

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; and (2) authorize **Champions Business Funding Inc.**, Our 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.

Owner/Principle Signature: _____ Owner/Principle Signature: _____

Print Name: _____ Date: _____ Print Name: _____ Date: _____