



Funding Application

email to funding@urbanbusinesslendinggroup.com

Funding Specialist Name:

Phone #

BUSINESS/PERSONAL INFORMATION				
Type of Entity (check one) Corporation S Corporation General Partnership Non Profit LLC LP Sole Proprietorship LLP Other				Federal ID
Legal Business Name		D/B/A		Business/Personal Phone
Physical Address		City, State, Zip		Annual Revenues
Mailing Address / Billing Address		City, State, Zip		Is Your Credit Currently Locked? Yes No
Estimated Business Credit Score		State of Incorporation/Organization		Date business started (mm/yy)
Length of Ownership		Contact Name		Position
Web Address		Requested Funding Amount		
OWNER INFORMATION (1)				
Corporate Officer/Owner Name		Title	Social Security Number	Date of Birth
Driver's License & State		Estimated Personal Credit Score		Cell Phone Number
Residence Address		Own Rent	City, State, Zip	Annual Income
OWNER INFORMATION (2) – ONLY IF OWNER (1) IS LESS THAN 51% OWNER OR ADDITIONAL INCOME IS NEEDED				
Corporate Officer/Owner Name		Title	Social Security Number	Date of Birth
Driver's License & State		Estimated Personal Credit Score		Cell Phone Number
Residence Address		Own Rent	City, State, Zip	Annual Income
EMPLOYMENT HISTORY				
Current Employer:		Work Address	Avg. Gross Monthly	Position/Occupation
# of years employed		Yearly Household Income	Work Number	Work Email
BACKGROUND INFORMATION				
Do You have any current funding out?		If yes, Company	When taken out	Balance
Are you currently behind on any of the following? Utilities Sales Tax Liquor Tax Rent Bank Loans			If yes, How much?	
Any State/Federal liens against the owner or business? Yes No			If yes, Details:	
Have you ever filed for bankruptcy? Yes No			If yes, Details:	
Do you have any lawsuits or judgements against your business pending? Yes No			If yes, Details:	
Business Account Name			Routing & Account Number (For Loan Proceeds Deposit)	Phone Number
TRADE REFERENCE Business Name			Contact, Account Number	Phone Number
BUSINESS PROPERTY INFORMATION IF APPLICABLE				
Own/Lease		Lease Start Date	Lease Term	Monthly Rent/Mtg
Type of Building		Square Footage (approx)		

By signing below, each of the above listed business and business owner/officer (individually and collectively, "you") authorize [Beauty Supply Lending Group] ("BSLG") and each of its representatives, successors, assigns and designees ("Recipients") that may be involved with or acquire commercial loans having monthly repayment features or purchases of future receivables including Merchant Cash Advance transactions, including without limitation the application therefor (collectively, "Transactions") to obtain consumer or personal, business and investigative reports and other information about you, including credit card processor statements and bank statements, from one or more consumer reporting agencies, such as TransUnion, Experian and Equifax, and from other credit bureaus, banks, creditors and other third parties. You also authorize BSLG to transmit this application form, along with any of the foregoing information obtained in connection with this application, to any or all of the Recipients for the foregoing purposes. You also consent to the release, by any creditor or financial institution, of any information relating to any of you, to BSLG and to each of the Recipients, on its own behalf.

Owner(1) Signature _____ Date _____ Owner(2) Signature _____ Date _____