



Please fax this application and statements back to: 770-674-7600 or Email CarlFranco@APlusFinancial.biz

Legal/Corporate Name:		DBA:	
Physical Address:		City:	State: Zip:
Telephone #:	Fax #:	Federal Tax ID:	
Date Business Started:	Length of Ownership:	Gross Annual Sales:	
Type of Entity (circle one): Sole Proprietorship Partnership Corporation LLC Other		Email Address:	
Type of Business (circle all that apply): Retail MO/TO Wholesale Restaurant Supermarket Other		Product/Service Sold:	

MERCHANT/OWNER INFORMATION

Corporate Officer/Owner Name:		Title:	Ownership %:
Home Address:		City:	State: Zip:
SSN:	Date of Birth:	Home #:	Cell #:

PARTNER INFORMATION

Partner Name:		Title:	Ownership %:
Home Address:		City:	State: Zip:
SSN:	Date of Birth:	Home #:	Cell #:

BUSINESS PROPERTY INFORMATION

Business Landlord or Business Mortgage Bank:	Contact Name and/or Account #:	Phone #:
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BUSINESS TRADE REFERENCES

Business Name:	Contact Name and/or Account #:	Phone #:
Business Name:	Contact Name and/or Account #:	Phone #:
Business Name:	Contact Name and/or Account #:	Phone #:

OTHER RELEVANT INFORMATION

Monthly Visa/ MC Volume (estimated):	Number of Terminals:	Terminal Type:
Monthly Landlord Rent Amount \$	Behind in rent with Landlord?:	Owe Taxes, have Liens?:
Prior/Current Cash Advance Company (if applicable):	Balance:	Source

The undersigned hereby warrants that all of the above information is true and correct in every aspect. The undersigned further hereby warrants that all financial statements accurately represent in every respect are the true and correct financial condition of the parties that are the subject of this application. The undersigned hereby authorizes A+ Auto Insurance, Inc. or it's designees to gather and use, from time to time, without the undersigned's knowledge, any and all financial and/or credit information relating to the business entity that is the subject of this application that can be obtained from any source whatsoever including, but not limited to, banks, trade associates and creditors. The undersigned also hereby authorizes A+ Auto Insurance, Inc. or its designee to investigate the personal credit history of the undersigned and obtain credit bureau reports on the undersigned from time to time at A+ Auto Insurance, Inc.'s sole discretion. The undersigns acknowledges and allows A+ Auto Insurance, Inc. to share this application along with its business information with any qualified funder or factor of its choice (it's designees) in efforts to place the funding or factor requested by the you the applicant.

X _____
Applicant's Signature

X _____
Date

X _____
Partner's Signature

X _____
Date