

**APPLY FOR FUNDING**



**Tel: 800.466.0404**

**Fax: 516.390.2279**

**>>Opti-Capital Qualification Application**

Please fill in the spaces below and mail or fax us the application. By doing so, you are giving **Opti-Capital**, as well as its agents and affiliates, permission to review your business and personal credit history in order to provide you with formal funding approval.

Business Legal Name:	Business DBA Name:
Address:	Suite / Floor:
City:	State:
Zip:	Phone:
Mobile:	Fax:
Website:	Email:
Legal Entity: <input type="checkbox"/> Corp <input type="checkbox"/> Sole Prop <input type="checkbox"/> LLC <input type="checkbox"/> Partnership	Type of Business: <input type="checkbox"/> Corp <input type="checkbox"/> Sole Prop <input type="checkbox"/> LLC <input type="checkbox"/> Partnership
Federal State Tax #	Landlord / Mortgage Company:
	Rent / Mortgage Payment:
	Landlord Contact Name:
	Landlord Contact Phone:
	Landlord Contact Fax:

**>>Owner / Principle Information**

Name:	Title:
Address:	City:
State:	Zip:
Phone:	Fax:
Email:	Mobile:
% of Ownership:	SSN# :

**>>Funding Information**

Average Visa / MasterCard Monthly Sales:
Average Monthly Sales:
Have you used a cash advance plan before? <input type="checkbox"/> YES <input type="checkbox"/> NO
Average Ticket Size:
Type of Products Sold:

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