

US Funding Services, LLC • Ph: 800.798.6862 • Fax: 610.594.0901 • www.USFundingServices.com
Providers of Capital Finance & Cash Flow Solutions

▶ BORROWER INFORMATION

Business/Individual Name: _____
Address: _____
Floor/Suite: _____ City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ Email: _____
Type of Business: _____ In Business since (YYYY-MM): _____
Federal Tax ID: _____ Annual Sales (per US Tax Return): \$ _____

▶ BANK INFORMATION List ALL Banks - For additional Banks, please attach info on additional page(s)

Bank Name/Branch: _____ Phone: _____
Bank Officer: _____ Checking: _____ Savings: _____ Loan: _____
Bank Name/Branch: _____ Phone: _____
Bank Officer: _____ Checking: _____ Savings: _____ Loan: _____
Bank Name/Branch: _____ Phone: _____
Bank Officer: _____ Checking: _____ Savings: _____ Loan: _____

▶ BUSINESS OWNERSHIP (For additional Owners/Partners, please attach info on additional page(s))

Sole Owner Partnership Corporation LLC LLP Other

Name: _____ Title: _____
Social Security Number: _____ % of Ownership: _____
Home Address: _____ Floor/Suite: _____
City: _____ State: _____ Zip: _____
Name: _____ Title: _____
Social Security Number: _____ % of Ownership: _____
Home Address: _____ Floor/Suite: _____
City: _____ State: _____ Zip: _____

The undersigned individual, recognizing that his or her individual credit history may be a factor in the evaluation of the credit of the applicant, hereby consents to and authorizes the above named business credit provider that may be utilized to obtain and use a consumer credit report on the undersigned, now and from time to time, as may be needed in the credit evaluation and review process and waives any right or claim they would otherwise have under Fair Credit Reporting Act in the absence of this continuing consent.

Signature: _____ Date: _____
Signature: _____ Date: _____

This form **MUST** be completed in full to be eligible for consideration.