

BUSINESS PROFILE FORM

BUSINESS INFORMATION

Legal Name _____ DBA Name _____ Federal TAX ID _____ Business Start Date ____/____/____ Industry _____ State of Incorporation _____	AMOUNT REQUESTED \$ _____ Phone (____) _____ - _____ Fax (____) _____ - _____ Email _____ Website _____ Address _____ City _____ State _____ Zip _____
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LEGAL ENTITY

Corporation
 LLC
 Sole Proprietor
 Partnership

PROPERTY

Lease
 Own

RENT/MORTGAGE PAYMENT

Current
 Not Current

MONTHLY RENT/MORTGAGE

\$ _____

Landlord Name _____

Landlord Phone _____

Use of Proceeds _____

GROSS ANNUAL SALES \$ _____

MONTHLY CREDIT CARD SALES \$ _____

Judgements <input type="checkbox"/> Yes <input type="checkbox"/> No	Bankruptcy <input type="checkbox"/> Yes <input type="checkbox"/> No	Current Cash Advance <input type="checkbox"/> Yes, balance _____ <input type="checkbox"/> No	Seasonal Business <input type="checkbox"/> Yes <input type="checkbox"/> No
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List the Total Business Bank Deposits and # of Days with a Negative Balance	Last Month: Total Business Bank Desposits: \$ _____ # of Days with a Negative Balance: _____	Two Months Ago: Total Business Bank Desposits: \$ _____ # of Days with a Negative Balance: _____	Three Months Ago: Total Business Bank Desposits: \$ _____ # of Days with a Negative Balance: _____	Four Months Ago: Total Business Bank Desposits: \$ _____ # of Days with a Negative Balance: _____
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List the Total Visa/MC Volumes:	Last Month: \$ _____ # of Tickets: _____	Two Months Ago: \$ _____ # of Tickets: _____	Three Months Ago: \$ _____ # of Tickets: _____	Four Months Ago: \$ _____ # of Tickets: _____
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PRIMARY OWNER

First Name _____ Last Name _____

Date of Birth ____/____/____ SSN ____ - ____ - ____

% Ownership _____

Street Address _____

City _____ State _____ Zip _____

Cell Phone (____) _____ - _____

Email _____

SECONDARY OWNER

First Name _____ Last Name _____

Date of Birth ____/____/____ SSN ____ - ____ - ____

% Ownership _____

Street Address _____

City _____ State _____ Zip _____

Cell Phone (____) _____ - _____

Email _____

By signing below, each of the above listed business and busines owner/officer (individually and collectively, "you") authorize Manhattan Capital Equities, Inc. and each of its representatives, successors, assigns and designees ("Recipients") that may be involved with ot acquire commercial loans having monthly repayment ter purchases of future receivables including Merchant Term Loans transactions, including without limitation the application therefor (collectively, "Transactions") to obtain consumer or persona, 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 MCE 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 MCE and to each of the Recipients, on its own behalf.

Primary Owner Signature X _____

Date ____/____/____

Secondary Owner Signature X _____

Date ____/____/____