Water Street Capital
Hassle Free Business Funding

PLEASE RETURN WITH
3 MONTHS OF BANK
STATEMENTS

Phone: (646)580-0041
Fax: (800) 540-5946
Send to: info@wscapnow.com

FUNDING APPLICATION

BUSINESS INFORMATION

Legal/Corporate Name		DBA .	
Physical Address		City	State / Zip Code
Mailing Address (If different from physical address)		City	State / Zip Code
Telephone Number	Fax Number	Email Address	
State of Incorporation	Federal Tax ID	Date Business Started (mo/day/yr)	Hours of Operation

Type of Entity (Select One)
☐ Corporation ☐ Limited liability company ☐ Partnership ☐ Limited partnership ☐ Limited liability partnership ☐ Sole Propietorship

Type of Business (Select One)
☐ Retail ☐ Wholesale ☐ Business Services ☐ Consumer Services ☐ Restaurant/Bar ☐ Other

Product/Service Sold	Website Address

MERCHANT/OWNER INFORMATION

Corporate Officer/Owner Name	Title		Length of Ownership ____Years and ____ Months	
Home Address	City	State	Zip Code	Ownership %
Date of Birth(month/day/year)	Social Security Number	Home Phone Number	Cell Phone Number	

PARTNER INFORMATION (Required if less than 51% ownership)

Corporate Officer/Owner Name	Title		Length of Ownership ____ Years and ____ Months	
Home Address	City	State	Zip Code	Ownership %
Date of Birth(month/day/year)	Social Security Number	Home Phone Number	Cell Phone Number	

BUSINESS PROPERTY INFORMATION

Own/Lease	Time at This Location ____ Years ____ Months	Monthly Rent or Mortgage $	Date Lease Ends(month/day/year) __ __ / __ __ / __ __ __ __
Business Landlord or Mortgage Bank	Contact Name and/or Account No.		Office/Mobile Number (__ __ __) __ __ __ - __ __ __ __

OTHER INFORMATION

Current Processing Company	No. of terminals	Average Monthly Credit Card Sales $	Average Monthly Total Sales (Cash, Check and Credit) $
Requested Advance Amount $	Requested Daily Withholding _____% (% of credit card receipts)	Highest Volume Months (please circle months, or N/A if no seasonality) ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	
Prior/Current Cash Advance Company (if applicable)	Current Balance $_____ (if applicable)	Do you usually close the business during part of the year? ☐ Yes ☐ No Details:	
Any open State/Federal Tax Liens Against Business or Owner? ☐ Yes ☐ No Details:		Any Lawsuits or Judgments Pending against Business or Owner? ☐ Yes ☐ No Details:	

Applicant authorizes WATER STREET CAPITAL, LLC its assigns, agents, bank or financial institutions to obtain and investigative or consumer report from a credit bureau or a credit agency and to investigate the references given on any other statement or data obtained from applicant.

_____ ____/____/_____ _____ ____/____/_____
Applicant's Signature Date Co-Signature Date