

FUNDING PARTNER APPLICATION FORM

BUSINESS INFORMATION

DBA Name: _____
Federal Tax ID: _____
Address: _____
Suite/Unit/Floor: _____
City: _____ State: _____ ZIP: _____
Phone: _____
Website: _____

PRIMARY CONTACT INFORMATION

Name: _____
Phone: _____
FAX: _____
Email: _____
Email (for deal updates): _____
Email (for commission information): _____

PRIMARY OWNER INFORMATION

Name: _____
Title: _____
DOB: _____
SSN: _____
Home Address: _____
Suite/Unit/Floor: _____
City: _____ State: _____ ZIP: _____
Primary Contact #: _____
Secondary Contact #: _____
Email Address: _____
Have you ever been convicted of a crime? NO YES
Ownership %: _____

SECONDARY OWNER INFORMATION

Name: _____
Title: _____
DOB: _____
SSN: _____
Home Address: _____
Suite/Unit/Floor: _____
City: _____ State: _____ ZIP: _____
Primary Contact #: _____
Secondary Contact #: _____
Email Address: _____
Have you ever been convicted of a crime? NO YES
Ownership %: _____

By signing the below, you are acknowledging and authorizing Mission Capital, LLC to perform due diligence on the owners of the business listed above, as well as on the entity itself. Such diligence may include background, regulatory, KYC, and reference checks.

Print Name: _____ Signature: _____ Date: _____

PARTNER QUESTIONS

How many employees do you have? _____
Does the business have an inside and/or outside sales team? (please specify) _____
How many customer facing sales employees does the company have? _____
What marketing channels does your company use to source new customers? (online, mail, referrals) _____
What is the main financing product your company offers? _____
What additional B2B financing products does your company offer? _____
How many applications do you collect on a monthly basis? _____
Of those applications, how many are seeking credit facilities greater than \$250,000? _____
How many applications do you believe you will send to SBG Funding on a monthly basis? _____
Is there additional information that SBG Funding can provide you? _____

Account Executive: Jeffrey Allen
Email: JAllen@SBGFunding.com
Tel: (646) 690-8918
Fax: (917) 464-7545



ACH AUTHORIZATION

_____ (“Partner”) authorize Mission Capital, LLC (“Company”) to initiate credit/debits from Partner checking/savings account at the financial institution listed below. This authority will remain in effect until the Company is notified in writing by Partner and both parties mutually agree to cancel authorization.

Legal Business Name: _____ Tax ID#: _____

Depository Name: _____ Account#: _____

Routing #: _____

Print Name: _____ Signature: _____ Date: _____

PLACE CHECK HERE