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|---|---|---|---|---|---|
| **Business Legal Name:** | | | **Business DBA Name:** | | |
| **Type of Business Entity** (Check One):<br>☐Corporation ☐LLC ☐Partnership<br>☐Ltd. Partnership ☐LLP ☐Sole Proprietor | | **Primary Business Structure:** (Check All That Apply):<br>☐Home-Based Business ☐Franchise<br>☐E-Commerce ☐None of the Above | | **Does the Merchant have any open MCA or loan accounts with CAN Capital?** (Check one):<br>☐Yes ☐No | |
| **Industry Type:** (Describe) | **Current Credit Card Processor:** | **State of Incorporation:** | **Use of Proceeds:** | **Business start date under current Ownership:** | **Merchant Email Address:** |
| **Physical Street Address:** | | **City:** | **State:** | **Zip Code:** | **Physical Location Phone #:** |
| **Billing Street Address (If different than above):** | | **City:** | **State:** | **Zip Code:** | **Billing Location Phone #:** |
| **Preferred Contact Phone #:** | **Business Location(s):**<br>☐Rented ☐Mortgaged<br>**Monthly Payment:** | **Avg. Monthly Credit Card Volume:** | **Avg. Transaction Amount:** | **Gross Annual Sales** (from previous year's Tax return): | |
| **List the Total Business Bank Deposits and # of Days with a Negative Balance** | **Last Month:**<br>**-Total Bus. Bank Deposits:**<br>$_____<br>**# of Days with a Negative Balance:** _____ | **Two Months Ago:**<br>**Total Bus. Bank Deposits:**<br>$_____<br>**# of Days with a Negative Balance:** _____ | **Three Months Ago:**<br>**Total Bus. Bank Deposits:**<br>$_____<br>**# of Days with a Negative Balance:** _____ | **Four Months Ago:**<br>**Total Bus. Bank Deposits:**<br>$_____<br>**# of Days with a Negative Balance:** _____ | |
| **List the Total VISA/MasterCard volumes:** | **Last Month:**<br>$ _____ **# Tickets:**____ | **Two Months Ago:**<br>$ _____ **# Tickets:**____ | **Three Months Ago:**<br>$ _____ **# Tickets:**____ | **Four Months Ago:**<br>$ _____ **# Tickets:**____ | |
| **Owner/Officer** | | **Primary Contact** ☐ | **Job Title:** | | |
| **First Name:** | **Last Name:** | **SS#:** | **Date of Birth:** | **Home Phone:** | |
| **Street Address:** | | **City:** | **State:** | **Zip Code:** | |

AUTHORIZATIONS

By signing below, each of the above listed business and business owner (individually and collectively, "you") authorize each of PhoneOps Funding Co. ("PhoneOps") and/or PhoneOps' affiliated lender(s), Asset Servicing Inc, Merchant Services, Inc, etc referred to collectively as the "Companies" and WebBank referred to individually as a "Recipient" and collectively as the "Recipients") to obtain consumer or personal, business and investigative reports and other information about you, including credit card processor statements and bank statements, from on or more consumer reporting agencies, such as TransUnion, Experian an Equifax and from other credit bureaus, banks, creditors and other third parties (1) to review the transaction you have applied for, including to authenticate your identity, verify information in your application, make underwriting decisions and for related purposes, (2) if your application results in your entering into any transaction with any of the Companies, to service, monitor, collect and enforce the transaction, and (3) from time to time, to determine your eligibility for other financial products that may be offered by the Companies. You also authorize (i) PhoneOps and/or affiliated lender(s) as agent for Recipients, 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 and (ii) PhoneOps and/or affiliated lender(s) as agent for WebBank, to transmit this application form, along with any of the foregoing information obtained in connection with this application, to WebBank 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 PhoneOps and/or affiliated lender(s) as agent on behalf of the Recipients, to PhoneOps and/or affiliated lender(s) and to each of the Recipients, on its own behalf.

CONSENT TO TELEPHONE CALLS: You expressly consent to receiving marketing and other calls and messages, to landline, wireless or similar devices, including auto-dialed and pre-recorded message calls, and SMS messages (including text messages) from Recipients, at telephone numbers that you have provided. Message and data rates may apply. Your consent to receive marketing calls is not required for your application; if you do not consent do not provide phone number

CONSENT TO ELECTRONIC DISCLOSURES: you expressly consent to transactions and disclosures with Recipients online and electronically. Disclosure will be provided to you either on the screen, on Recipients' website or via electronic mail to the email address you provided.

WITHDRAWING CONSENT: you may withdraw your consent for telephone calls or electronic disclosures by e-mailing PhoneOps at: Processing@PhoneOpsFunding.com.

**Owner / Officer's Signature:** X _____

**Owner / Officer's Name: (Print)** _____ **Date:** _____

**Sales Information** (To be completed by Sales Representative)

| **Sales Rep #:** | **Sales Rep Name :** | **Sales Rep Contact #:** |
|---|---|---|
| | | |

**Notes:**