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MDS FUNDING LLC

BUSINESS INFORMATION					
Legal/Corporate Name:			DBA:		
Physical Address:			City:	State:	Zip:
Telephone #:	Fax #:	State of Incorporation:		Federal Tax ID:	
Date Business Started:		Length of Ownership:		Website:	
Type of Entity (circle one): Sole Proprietorship Partnership Corporation LLC Other					Email Address:
Type of Business (circle all that apply): Retail MO/TO Wholesale Restaurant Supermarket Other				Product/Service Sold:	
MERCHANT/OWNER INFORMATION					
Corporate Officer/Owner Name:			Title:		Ownership %:
Home Address:			City:		State: Zip:
SSN:	Date of Birth:	Home #:		Cell #:	
PARTNER INFORMATION					
Partner Name:			Title:		Ownership %:
Home Address:			City:		State: Zip:
SSN:	Date of Birth:	Home #:		Cell #:	
BUSINESS PROPERTY INFORMATION					
Business Landlord or Business Mortgage Bank:			Contact Name and/or Account #:		Phone #:
BUSINESS TRADE REFERENCES					
(Please list at least 3 trade suppliers. Please attach any additional references on a separate page.)					
Business Name:			Contact Name and/or Account #:		Phone #:
Business Name:			Contact Name and/or Account #:		Phone #:
Business Name:			Contact Name and/or Account #:		Phone #:
Business Name:			Contact Name and/or Account #:		Phone #:
PROCESSING					
Processing Company:		Terminal Type:		Number of Terminals:	Monthly Volume:
Requested Advance Amount:				Requested Daily Withholding:	Requested Process: ACH / Split
Prior/Current Cash Advance Company (if applicable):				Balance:	

The Merchant and Owner(s)/Officer(s) identified above (individually, an "Applicant") each represents, acknowledges and agrees that (1) all information and documents provided to MDS Funding including credit card processor statements are true, accurate and complete, (2) Applicant will immediately notify MDS FUNDING of any change in such information or financial condition, (3) Applicant authorizes MDS FUNDING to disclose all information and documents that MDS FUNDING may obtain including credit reports to other persons or entities (collectively, "Assignees") that may be involved with or acquire commercial loans having daily repayment features or purchases of future receivables including Merchant Cash Advance transactions, including without limitation the application therefor (collectively, "Transactions"), and each Assignee is authorized to use such information and documents, and share such information and documents with other Assignees, in connection with potential Transactions, (4) MDS FUNDING and each Assignee will rely upon the accuracy and completeness of such information and documents, (5) MDS FUNDING, Assignees, and each of their representatives, successors, assigns and designees (collectively, "Recipients") are authorized to request and receive any investigative reports, credit reports, statements from creditors or financial institutions, verification of information, or any other information that a Recipient deems necessary, (6) Applicant waives and releases any claims against Recipients and any information providers arising from any act or omission relating to the requesting, receiving or release of information, and (7) each Owner/Officer represents that he or she is authorized to sign this form on behalf of Merchant. A copy of this authorization may be accepted as an original. The term "Representative" shall mean any funding source looking to offer, make available, or provide to the Merchant access to loans or merchant cash advances based on such Merchant's future receivables or sales and/or structured with a periodic repayment feature.

Owner/Officer(s):

(Signature) (Print Name) (Date) _____

(Signature) (Print Name) (Date) _____