

Fax to: (801) 838-2256 Phone Number: 866 63 SWIPE

PRINCIPIS CAPITAL MERCHANT APPLICATION

BUSINESS INFORMATION

Legal/Corporate Name					DBA				
Physical Address			City		State	Zip Code			
Mailing Address (If different from physical address)					City State		State	Zip Code	
Telephone Number	Fax Number			Email Address					
State of Incorporation			Date Business Started (mo/c			urted (mo/day/	ay/yr) Hours of Operation		
Type of Entity (Select One)									
□ Corporation □ Limited	liability company	Partnership	Limited p	artners	hip 🛛 Limited lia	bility partnersl	nip 🗌 Sole	e Propietorship	
Type of Business (Select One)									
🗆 Retail 🗆 Wholesale 🗆 B	usiness Services	Consumer Serv	vices 🗆 Res	staurant	/Bar 🛛 Other				
Product/Service Sold					Website Address				
CREDIT CARD VOLUME: Ple	ase fill-in the ne	t sales for the mos	t recent 4 ca	alendar	months				
Month:									
Net Sales:									
MERCHANT/OWNER INFORM	IATION								
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		
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PARTNER INFORMATION	(Required if	less than 51% own	ership)				///		
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		none Number		Cell Phone Number		
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Own/Lease		Time at This Locat	ion	Mon	thly Rent or Mortga	ane	Date Lease F	Ends(month/day/year)	
							/ /		
Business Landlord or Mortgage	Years Months \$ Contact Name and/or Account No.					/ / Office/Mobile Number			
Dusiness Landiord of Mongage	Contact Name and	had hane and/or Account No.				()			
FINANCING INFORMATION							/		
Requested Advance Amount Prior/Current Cash Advance Company Current Balance									
\$		(if applicable) \$						(if applicable)	
Applicant authorizes PRINCIPI						-		ner report from a credit	

Applicant's Signature

Date

Co-Signature

____/___/___ Date