



**Pre-Qualification Form**

THE POWER OF CAPITAL IN YOUR HANDS

Business Legal Name:			Business DBA Name:			
Type of Business Entity (Select One)	Corporation	Limited Liability Company	Partnership	Limited Partnership	Limited Liability Partnership	Sole Proprietor
Does the Merchant Have Any Other Businesses With Current AdvanceMe Or NewLogic Business Loans Contracts? (Select One) Yes No		State of Incorporation:		Use of Proceeds:		
Physical Street Address:			City:		State:	Zip Code:
Billing Street Address (If Different Than Above):			City:		State:	Zip Code:
Physical Location Phone#:		Billing Location Phone#:		Preferred Contact Phone#:		

Industry Type (SIC Code Or Description):	Rented	Mortgaged	Amount:	Current Credit Card Processor:				
Gross Annual Sales (Previous Year's Tax Return):		Date the Business First Processed Credit Cards Under Current Ownership/Business:		Average Monthly Credit Card Volume:				
Total V/MC Processing Volumes From Previous Four Months:	Last Month:		Two Months Ago:		Three Months Ago:		Four Months Ago:	
	#Tickets	#Tickets	#Tickets	#Tickets	#Tickets	#Tickets		

<b>Owner/Officer</b>		Is Primary Contact	Job Title:		
Last Name:	First Name:	SS#:	Date of Birth:	Home Phone:	
Street Address:		City:		State:	Zip Code:

**Authorizations:**

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 Five Point Capital, Inc. ("FPC") including credit card processor statements are true, accurate and complete, (2) Applicant will immediately notify FPC of any change in such information or financial condition, (3) Applicant authorizes FPC to disclose all information and documents that FPC 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 and/or Merchant Cash Advance transactions, including without limitation the application therefore (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) each Assignee will rely upon the accuracy and completeness of such information and documents, (5) FPC, 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.

**Owner/Officer Name** \_\_\_\_\_

**Owner/Officer Signature** \_\_\_\_\_

**Date:** \_\_\_\_\_