



Office: 844-344-7420

eFax: 866-465-0920

Hybrid Financial Solutions, LLC

BUSINESS INFORMATION

LEGAL BUSINESS (legal filing) DBA FEDERAL TAX ID

BUSINESS ADDRESS CITY STATE ZIP

TELEPHONE FAX EMAIL

BUSINESS START DATE INDUSTRY/PRODUCT/SERVICE BUSINESS ENTITY
 CORP LLC SOLE PROP OTHER

OWNER / PARTNER INFORMATION

MAJORITY OWNERS NAME SSN DATE OF BIRTH

HOME ADDRESS CITY STATE ZIP

MOBILE/DIRECT PHONE # OFFICE PHONE # DRIVERS LICENSE NUMBER % OWNERSHIP

OWNERS NAME (IF APPLICABLE) SSN DATE OF BIRTH

MOBILE/DIRECT PHONE # OFFICE PHONE # DRIVERS LICENSE NUMBER % OWNERSHIP

BUSINESS TRADE INFORMATION

BUSINESS LANDLORD OR MORTGAGE BANK CONTACT NAME/PHONE #/EMAIL RENT/MORTGAGE

CURRENT OPEN MCA OR LOAN ACCOUNTS MCA OR LOAN AMOUNT OPEN REMITTANCE OR BALANCE

MONTHLY CASH DEPOSITS MONTHLY CC DEPOSITS CURRENT CREDIT CARD PROCESSOR VISA/MC TICKET COUNT

TRADE REFERENCE COMPANY NAME COMPANY CONTACT NAME CONTACT TELEPHONE NUMBER

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

By signing below, each of the above listed business and business owner/officer (individually and collectively, "you") authorize Hybrid Financial Solutions, LLC. ("HFS") and each of its representatives, successors, assigns and designees ("Recipients") 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") to obtain consumer or personal, business and investigative reports and other information about you, including credit card processor statements and bank statements, from one or more consumer reporting agencies, such as TransUnion, Experian and Equifax, and from other credit bureaus, banks, creditors and other third parties. You also authorize HFS 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. You also consent to the release, by any creditor or financial institution, of any information relating to any of you, to HFS and to each of the Recipients, on its own behalf.

OWNER #1: _____ Date: _____ OWNER #2: _____ Date: _____